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DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

ANNUAL REPORT

1933-1934

REPORT NUMBER 11.

WINNIPEG, MANITOBA

Printed by Philip Purcell, King's Printer for the
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DEPARTMENT OF HEALTH AND PUBLIC WELFARE

Annual Report, 1933-34

INDEX

	Page
Administrator of Estates of Insane Persons	27
Brandon Hospital for Mental Diseases	44
Child Welfare Division	11
Communicable Disease Division	66
Disease Prevention Division	65
Estates of Insane Persons, Report of Administrator	27
Executive Officer's Report	5
Fiscal Supervision of Public Institutions, and Relief	19
Food Control Division	82
Health Education	89
Hospitalization Division	29
Manitoba School for Mental Defectives	56
Provincial Bacteriological Laboratory	92
Provincial Psychiatrist's Report	36
Psychiatry Division	35
Psychopathic Hospital	40
Public Health Nursing Service and Health Education	85
Sanitation Division	75
Selkirk Hospital for Mental Diseases	50
Venereal Disease Division	70
Vital Statistics Division	94
Welfare Supervision Board	8

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Annual Report of the Department of Health and Public Welfare for 1933-34

Winnipeg, Manitoba,
January 31st, 1935.

Honourable Mr. R. A. Hoey,
Minister of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the condensed report of the Department of Health and Public Welfare for the fiscal year ending April 30th, 1934. As in former years, part of this report, namely, the Division of Disease Prevention, is for the calendar year ending December 31st, 1934. This departure from the routine is in order that statistics contained therein can be used for comparative purposes.

Division of Child Welfare: Following re-organization, which was commenced last year, this Division seems to be functioning quite smoothly with the minimum amount of friction and little or no duplication in work. This Division was successful in having established at Portage la Prairie a new voluntary Children's Aid Society, known as the "Children's Aid Society of Central Manitoba". We believe this is going to be of great advantage in preventing social problems becoming an expense to the taxpayer. It is hoped that within the period of the next two or three years a similar agency will be established in southern Manitoba and that by some re-organization of the societies now working in Greater Winnipeg the whole Province will ultimately, at least insofar as "neglected children" are concerned, be covered by these voluntary groups, which are so capable of doing this type of work in the community.

It is apparent in the Report of the Child Welfare Division that there does not seem to be any likelihood of a reduction in the amount of money required for the payment of Mothers' Allowances, or for the maintenance of neglected children. It is very gratifying to note, however, that despite the fact the money required for these services has increased six percent. in the last three years, yet the administrative cost of operating the Division has been reduced by Nineteen percent. This has been due to the re-organization of the staff, and we hope that another year will see a further reduction in the cost of administration. We are of the opinion that this reduction has been made without any reduction in the services rendered to the people in the Province. In fact, we believe that a more satisfactory type of service is and will be given.

Division of Psychiatry: The report of the Provincial Psychiatrist speaks for itself and we are glad to be able to note that the discharge rates, from our Institutions recorded as "much improved", and "improved" cases continue to remain high, and, we feel that if greater accommodation were available at the Psychopathic Hospital these figures could still further be improved.

The crying need at the present time is for an increase in the bed capacity in the Manitoba School for Mental Defectives. We are now overcrowded at this Institution by at least 33 1-3 percent., and it is now getting almost impossible to segregate our cases and to carry on any intensive training; besides which we have a waiting list of approximately Eighty (80) who are seeking admission to the Institution. We would respectfully suggest that the Government make provision at the earliest possible moment for some new buildings at Portage la Prairie. We feel that any expenditure of this sort will be money well invested in view of the fact that a considerable pro-

portion of mental defectives could be made self-supporting in the community if they were given the proper type of institutional care and training, and under the present circumstances this is impossible.

With the completion of the new unit at Brandon in 1935 we believe that this Institution will have reached the maximum capacity for maximum efficiency and that any new construction required in the future for persons suffering from mental diseases should be made at Selkirk.

The appointment of a farm manager some two years ago has been a decided success and we feel convinced that the farms at all the Institutions will year by year prove not only a greater financial asset to the Province, but also will be of greater value in supplying much needed work for the inmates of these Institutions.

A considerable amount of new building has been done at each of the Institutions without any capital outlay, and we think that all construction of a minor nature should be taken care of out of the routine appropriation by the use of the staff at the Institutions and the assistance of patient labour.

DIVISION OF DISEASE PREVENTION:

Communicable Disease: This Division continues to show a tremendous amount of work being done, particularly in the rural parts of the Province, towards the prevention of disease and the improvement of living conditions. Despite the general increase of diphtheria throughout Canada, and also in our own Province, it is very gratifying to note that those municipalities in the Province, which have, since 1929, put on immunization programmes amongst their school children, show a decidedly lower diphtheria rate than the municipalities which have not put on the programme.

It was found necessary, during the year, for the Board of Health to advise the Minister to make the programme for immunization compulsory in a municipality in which there had been and was a great deal of diphtheria, and in which the municipality refused to carry on the necessary work. This programme is now about completed.

Typhoid Fever showed some reduction over last year and we think this is entirely due to the excellent work being done by the Division of Sanitation.

Sanitation: One or two items in particular are worthy of note. During the early months of last year a study was made by this Division of the records in the Department in reference to the incidence of Typhoid Fever; and suggestion was made to this office that a sanitary survey be made in those municipalities in which typhoid fever had been most prevalent during the past few years. Altogether four rural municipalities, two towns, one disorganized and one unorganized area were surveyed and report made of conditions found to the Medical Officer of Health involved, and through him, to the Municipal Council. The Sanitary Officer, while making the survey, reported direct to the Health Officer and the Municipal Council, submitting recommendations as to improvements. It has been an exceedingly satisfactory piece of work in that the environment of the people in these municipalities has been greatly improved and we hope that we will be able to continue this work year by year until ultimately we have the whole of rural Manitoba covered and the environment of our rural people raised to the highest possible standard.

Another very excellent piece of work done by the Division of Sanitation was the control of Tourist Camps. Owing to the reasonably high standard required by our Inspectors, conditions in these camps have been entirely satisfactory. This is evidenced by the fact that no complaints of any kind were received at the Department in reference to any of these camps during the past year.

Food Control: During the past year the Department was asked by the Public Utilities Board to take over the sanitary supervision of the production of milk for Greater Winnipeg,—the Board to supply the necessary funds to hire an inspector and some extra office assistance. This has been a very necessary piece of work and one would respectfully refer you to the report of this in detail. No one, who is familiar with the production of milk as a food, could credit conditions that were found in the premises of many producers. However, with the introduction of the new Public Health Act and the requirement of a license by every producer shipping milk for food, we feel sure that within a very short space of time all these premises can be brought up to a satisfactory high standard.

Division of the Provincial Laboratory: The Provincial Bacteriologist continued to carry on as usual to the satisfaction of all who required his services. Year by year the demands on the Provincial Laboratory become increasingly heavy and it is felt imperative that provision should be made in our estimates for an Assistant to our Provincial Bacteriologist. It is both unfair and unwise to expect one individual to carry the whole load of this important division of the Department.

Division of Vital Statistics: During the past year there has been a complete reorganization of the staff in this Division. Mr. Attwooll, who has given long and satisfactory service in this Division as Chief Clerk, was transferred to the Manitoba School for the Deaf as Bursar, and Miss L. E. Stewart, a Public Health Nurse with special business training, was transferred to fill the vacancy caused by Mr. Attwooll's transfer. Miss G. Chapman, who was senior stenographer in this office for a considerable period of time, resigned, and Miss M. A. Laing was taken on the stenographic staff. All the changes made seem to be for the betterment of the service rendered to the public and we feel sure that as the new staff become more familiar with their work that the efficiency of this Division will be considerably increased.

General: In conclusion I would like to express, Sir, to you my appreciation of your help and assistance in the solving of many problems which have confronted your Executive Officer; and also for your unfailing support in the Department's efforts to improve the health and welfare of the people of this Province.

I wish also to express deep appreciation of the assistance and advice so ably given to the Department by the members of the Provincial Board of Health, who have held themselves in readiness to be of assistance to us at any time.

I would also like to take this opportunity of expressing the appreciation of the Executive Officer to every member of the staff of the Department for their loyalty and untiring efforts in their various capacities.

I have the honour to be, Sir,

Your obedient servant,

F. W. JACKSON,
Executive Officer,
Department of Health and Public Welfare.

Report of the Welfare Supervision Board

To the Honourable R. A. Hoey,
Minister of Health and Public Welfare,
Legislative Buildings,
Winnipeg, Manitoba.

Sir:

The members of the Welfare Supervision Board beg to submit, herewith, the Report of the Board for the year ending April 30th, 1934. This Board is appointed by the Government of Manitoba under provisions of the Welfare Supervision Act passed in 1919 and proclaimed by Order-in-Council Number 35906, on January 25th, 1921, and amended in 1923. At the beginning of the present year, the membership of the Board was composed of the following members:

Dr. E. S. Moorhead, Chairman
Mrs. Digby Wheeler
Miss Amy J. Roe
Mrs. Robert Darrach
Mr. R. D. Guy, K.C.
Dr. G. F. Stephens
Mr. Osmond Marrin
Mr. John Spalding
Mr. John Easton

During the year there was no change in the membership of the Board.

In order that a complete report of the Board's activities be given in as brief a form as possible, the various items to be considered will be described under headings as in former reports.

1. PORTAGE LA PRAIRIE INSTITUTIONS.

The Secretary visited the Institutions at Portage la Prairie and reported to the Board on the continued improvement in the buildings and equipment. He stressed the importance of the fine spirit that prevailed among the staff of the Manitoba School for Mental Defectives and mentioned, also, the continued progress being made by the Superintendent and staff of the School for Boys. Owing to the extreme difficulty of his work, Dr. Harry Atkinson was mentioned particularly in a letter of commendation sent to the Minister of Health and Public Welfare.

2. GRANTS.

The Board considered the grants for the various charitable institutions and organizations and made recommendations as in the previous year. The only change was in regard to the Children's Aid Society of Brandon, for which organization the Board recommended an additional $200.00 grant to help this body in its work in the dried-out area of south-western Manitoba.

3. VISITS TO INSTITUTIONS.

The Secretary visited the child caring institutions in Brandon and gave a record of their work to the next regular meeting of the Board. During the year under review, he visited also the Old Folks' Home at Middlechurch and at Gimli, the Knowles School for Boys, North Kildonan; the United Church Home for Girls, East St. Paul; St. Joseph's Orphanage, Winnipeg; Maison St. Joseph, Otterburne; St. Benedict's Orphanage, Arborg, and the Ukrainian Home, Parkdale. Reports on these various institutions

were filed with the Board and also with the Child Welfare Division. In addition to these visits, the Board has studied the annual reports and financial statements of other institutions and, in particular, of those institutions in receipt of a Provincial Government grant.

4. CONFIDENTIAL EXCHANGE.

In the 1932-33 report, an outline was given of the Secretary's work for the Greater Winnipeg Welfare Association. When the activities of this body were concluded, an effort was made to effect a larger sphere of usefulness for the Confidential Exchange. While the Secretary did not act in a personal capacity in this matter, he spent a considerable amount of time in preparation of the proposed change. Chiefly as a result of the Greater Winnipeg Welfare Association's recommendations, an enlarged Board for the Confidential Exchange has been set up so that now the Federated Budget Board, the Winnipeg Foundation and the Central Council of Social Agencies have representatives upon the Confidential Exchange. There can be no doubt that the result of this will be an increased use of the Exchange.

5. LEGISLATION.

The Board has continued its interest in legislative proposals of a social welfare character. In this respect, mention should be made of Mr. John Spalding's work. As a member of this Board and as Secretary of the Manitoba Union of Municipalities. Mr. Spalding has been in a position to render valuable help in this matter. Dr. G. F. Stephens has kept the Board informed of changes in The Hospital Aid Act and the Secretary, as Chairman of the Child Welfare Board, has been closely in touch with new legislation in this field.

6. SALVATION ARMY.

For a number of years the grant to the Salvation Army was given for two purposes; namely, immigration and prison work. As the former need has entirely disappeared, it was the judgment of the Board that the money granted to the Army should be used for prison work and child welfare activities. To this end, it is recommended that the grant paid to the Salvation Army should be sent to the office in Winnipeg and not to Montreal as formerly.

7. ST. JOSEPH'S ORPHANAGE.

Miss Amy Roe and the Secretary visited this Institution early in the year under review. In the report submitted to the Board, a general commendation of the work of this organization was given but attention was drawn to the need for more adequate fire escapes. Considerable effort was required before any headway could be made but the Board is pleased to report that, due in part to its efforts, the necessary fire escapes have been erected.

8. SURVEY OF JUVENILE DELINQUENCY.

On January 5th, 1934, a letter was received from the Attorney-General containing a request that the Board make a study of Juvenile Delinquency in Manitoba. As this report is being submitted to the Attorney-General, it will not be necessary to do more than refer to it at this point. Suffice it to say that a few days after the receipt of the communication mentioned, the Board met and appointed a study committee consisting of Mr. R. D. Guy, chairman; Dr. E. S. Moorhead, Mrs. Digby Wheeler, Dr. G. F. Stephens and the Secretary. Later in the year Miss Roe was associated with the work of this committee. The report on this subject proved to be quite extensive and, while it was not completed in the year under review, a considerable amount of work was done in the initial stages of the study. The Board was fortunate in securing a statis-

tician, Mr. M. D. Grant of the Sovereign Life Assurance Company. The field workers chosen were Miss Z. F. Stoddard and Mr. A. M. Kirkpatrick.

In conclusion, the Board wishes to express its appreciation for the confidence that has been placed in it by the members of the Legislative Council and by their departmental staffs who have co-operated with the Board. We desire, especially, to mention the encouraging attitude of the Minister of our own Department and to thank him for his attention to the opinions and recommendations of the Board.

Respectfully submitted,

E. S. MOORHEAD,
Chairman.

J. R. MUTCHMOR,
Secretary.

Annual Report
Child Welfare Division

Honourable Mr. R. A. Hoey,
Minister of Health and Public Welfare,
Legislative Buildings,
Winnipeg, Manitoba.

Sir:

I have the honour to submit the following report on the activities of the Child Welfare Division for the Fiscal Year ending April 30th, 1934.

The Child Welfare Division is composed of three sub-divisions, namely:

1. Bereaved and Dependent Children; commonly known as "Mothers' Allowances";
2. Child Care and Protection;
3. Legal Supervision.

1. BEREAVED AND DEPENDENT CHILDREN.

The year just past shows an increase of eighteen families under allowance as compared with the Fiscal Year ending April 30th, 1933; although the number of children aided in all families shows a reduction of sixty-one. (See TABLE 1.)

It is also interesting to note that there is a reduction in the number of applications received of Twenty, and although there is an increase of Twenty-five in the number of Allowances granted, still one would be lead to believe that expenditures in connection with the payment of Mothers' Allowances have probably reached the maximum for the present population of the Province. (See TABLE 1.)

The distribution of cases remains fairly constant as between rural and urban Manitoba. Greater Winnipeg has Three Hundred and Twenty-eight (328) enrolled families. There are fifty-nine (59) families in the other three cities of the Province—Brandon, Portage la Prairie and St. Boniface,—and Seven Hundred and Five (705) cases in the rest of the Province. The Board always makes it a ruling that a family must remain in the Municipality in which they are enrolled unless it can be definitely shown that they can be more nearly self-supporting in some other location. We believe this is a very important feature of the work and has a tendency to keep these families in rural Manitoba rather than have them flock to the City, which would make a very definite increase in the amount of money required for Allowances. See TABLE 2.)

TABLE 3 shows the causes for refusal to grant Allowance; also the causes which resulted in the cancellation of allowance.

The "Total Disability" cases still continue to contribute a great deal of difficulty, and this year show an increase of Twenty-three (23) families on Allowance as a result of the total disability of the father as compared with the Fiscal Year ending April 30th, 1933. This feature of the work has been given a considerable amount of study by your officials and two methods suggest themselves whereby a closer check might be kept on this type of case; first: That there should be a requirement that the totally disabled father must be domiciled in some Institution for the care of chronic diseases; or secondly: That a medical board be set up to personally examine and pass on this type of application; before Allowances can be granted. These suggestions have been made in the new Child Welfare Act, which will be presented at the next Session of the Legislature; and we trust that something may be evolved which

will give the Department Officials better control. (TABLE 4 shows the distribution of causes of "total disability".)

TABLE 5 shows the causes of death to the fathers of the families seeking Allowance, and it is interesting to note that infectious and preventable diseases still head the list; of which Tuberculosis is the greatest offender. We believe, however, that deaths from infectious and contagious diseases should show a definite yearly decline.

TABLE 6 shows the nationality of the fathers and mothers of those on Allowance.

2. CHILD CARE AND PROTECTION.

Child Protection: The Child Protection Work of the Division has endeavored to view every new case reported in terms of the then existent family life, and, where there is a semblance of a family, to regard it as an application for family case work service. The ideal form of treatment is that every new case should be subjected to an opportunity under case work service and adequate relief to demonstrate what family values lie in it. Any decision leading to separation made immediately after even the best investigation, might be a prejudging of the case. A good investigation and an honest experiment over a reasonably long period of time constitute the only basis for such a decision. Wherever possible, efforts are made to enforce parental and family responsibility and to rebuild and re-establish family life.

In normal times, we have problems of neglect and abuse of children; behaviour problems among our boys and girls; offences against children; lack of suitable employment; community conditions which contribute to neglect; but all these seem to be multiplied and intensified by the economic conditions of today.

Fortunately, the public are now realizing that child care, apart from its own family, is of necessity the most expensive form of care. The reason for this is that the cost is on a basis of payment for service rendered. For instance, the matron and the janitor of an Institution must be paid, while in the child's home the mother and the father usually render this service without remuneration and there is no additional cost for rent, etc., for the individual child. The statement we so frequently hear—"we could keep a whole family on what we pay for those two children"—is no doubt true. The same argument could be used that a sick person could be kept for a week or two on what is paid the hospital for a few days. The point is that a comparison is being made between two entirely different types of service, viz., care in the child's own home with that of paid foster home care. Because municipalities are realizing this fact, we find them anxious to endeavour to strengthen the bulwarks of family life and, where the parents are fit and proper guardians, to give sufficient assistance in the home to keep it intact. At the same time, it is the duty of a children's agency to put the welfare of the child first and exercise due care for the safety and the physical and moral welfare of the children and in some cases there can be no alternative but to remove the children from an unfit environment.

During the year our representatives dealt with 664 families involving 1,059 adults and 2,232 children in unorganized territory and in areas not covered by a Children's Aid Society. In 1.95%, or in 13 of these families only, was it necessary to remove the children by court action.

Child Care: On May 1st, 1933, there were 238 wards of the Director of Child Welfare under care. Of these, twenty-five (25) were temporary wards and Two Hundred and Thirteen (213) permanent wards. With the children who are committed as temporary wards, we still hold some hope of reunion of the child with his family. During the year, twenty-six (26) children were made wards—twenty-two (22) were

committed temporarily and four (4) were committed permanently. These twenty-six (26) children came from thirteen (13) families and the causes for removal were:

(a) Parent refused to allow the necessary medical and surgical care which, if neglected, would possibly have cost the child's life. The child has responded successfully to treatment and the parent is now most co-operative. The real cause of the objection was ignorance.

(b) Separation of husband and wife resulting in the wife's forming a new alliance and finally being admitted to a hospital for mental diseases, which left five children unprovided for.

(c) Desertion of the mother, leaving two small children in the care of the father who was later committed to Gaol.

(d) Mother was deceased and father abandoned the child.

(e) Child without adequate guardianship.

(f) Physical cruelty.

(g) Incorrigibility of child under 12, owing to lack of understanding in the home.

(h) Child born out of wedlock and abandoned.

(i) The home by reason of neglect and depravity was an unfit place.

(j) Physical cruelty and neglect by widowed mother.

(k) Desertion of father and death of mother.

(l) Child born out of wedlock, abandoned by its mother.

(m) Father dead, mother in hospital for mental diseases.

In regard to residence, 12 of these children came from unorganized territory, one from the Municipality of Fort Garry, Six (6) from the Rural Municipality of Woodlea, Four (4) from the Rural Municipality of Glenella, Three (3) for whom no residence could be established.

During the year Nine (9) temporary wards were discharged to their parents through the courts, Six (6) became of age, one was married, One was accidentally drowned and for Fifteen (15) children decrees of absolute adoption were granted, so that the year closed with Two Hundred and Thirty-two (232) wards under care.

The disbursement for wards under Part IV from the appropriation was $17,330.56; from collections on municipalities $6,234.10, and from relatives $254.18; making a total of $23,818.84.

The Division has no Shelter or receiving home of its own and where this type of care is necessary, it uses the existing institutions. We would like to express our appreciation of the whole hearted co-operation we receive from this group who on April 30th, 1933, were caring for some Seven Hundred and Forty-six (746) children. This is a special field in child caring work and merits the study and research given by Superintendents of these institutions in Manitoba, in an effort to give not only custodial but scientific care.

Do we realize that One Hundred and Eighty-five (185) of the outstanding citizens of Manitoba are serving as directors of the five Children's Aid Societies of the Province; that these private agencies, financed largely by voluntary contributions, are working in their respective communities for the care of neglected and morally imperilled children and the improvement of their physical and moral surroundings? They endeavour to educate the general public to the needs of childhood, and wherever possible, point and lead the way towards meeting them. They work side by side with this Division, and, while we speak directly of the work of this Division in this report.

we are not oblivious to the great contribution these Organizations are making in Manitoba.

3. LEGAL SUPERVISION.

The greatest amount of work in this Division has to do with children born out of wedlock; the protection of the mother in these cases by insuring enough money from the alleged father to see that she is properly attended in hospital at the time of her confinement, and also the securing from the father of sufficient funds to adequately maintain the child until such time as it may become adopted.

The illegitimate birth rate in the Province stays approximately the same—i.e., in reference to One Thousand live births.

The following shows in detail the work in connection with the legal supervision of children born out of wedlock:

546 Births of children born out of wedlock in Manitoba during the Fiscal Year were reported to this Department;

88 Filiation Agreements have been entered into during the Fiscal Year;

70 Filiation Orders have been obtained during the Fiscal Year; (An increase of about 35% over the last Fiscal Year.)

$8,849.42 were collected under Filiation Agreements during the Fiscal Year;

$4,466.33 were collected under Filiation Orders during the Fiscal Year; (an increase of about 35% over the last Fiscal Year.)

The total amount of $11,985.27 was disbursed during the Fiscal Year of monies collected under Filiation Orders and Agreements. These disbursements were as follows:

To Mothers	$7,209.33	
Maternal grandmothers	783.31	
Boarding homes	1,157.26	
Institutions	568.00	(including Children's Aid Societies)
Lying-in expenses	1,264.34	
Costs	247.33	
Miscellaneous	755.70	(includes funds transferred to B.C. and Saskatchewan)

Receipts do not include interest; disbursements include interest.

240 Trust Accounts have been handled during the Fiscal Year. There have been many very small payments and few cash settlements during the Fiscal Year, so that the increase in the figures does not adequately represent the increase in the work entailed.

Adoptions: The adoption of children in this Province also comes under the control of the legal supervision section and we are happy to be able to report that:

133 Surrender forms have been signed during the Fiscal Year by the respective mothers or legal guardians;

141 Applications for children for adoption have been received during the Fiscal Year;

102 Adoption Contracts have been approved during the Fiscal Year;

168 Degrees of Absolute Adoption have been signed by the various County Court Judges during the Fiscal Year;

(These adoption figures include only the adoptions put through by this Department and do not include any adoptions by Children's Aid Societies.)

At the last Session of the Legislature an Amendment was made in the Act whereby an Adoption fee of Seven ($7.00) Dollars was to be collected from the Adopting Parents wherever they were able to pay. This resulted in the collection of One Hundred and Seventeen ($117.00) Dollars, which was turned into Consolidated Revenue.

Five Hundred and Eighty-seven (587) visits and inspections have been made to adopting homes during the Fiscal Year, of which One Hundred and Eighty-eight (188) were in the country, and Three Hundred and Ninety-nine (399) in the city. This does not include visits made from Brandon, or by Miss Street, or visits made by other organizations at our request.

We regret to report the death of one child placed under an adoption contract. The cause of death was given as "enlarged thymus gland—broncho pneumonia," and we are satisfied that there was no negligence on the part of the adopting parents.

While there is a slight decrease in the number of adoptions, the demand for children for adoption with a good background is still greater than the supply.

Tables referred to in this report are appended hereto.

I have the honour to be, Sir,

Your obedient servant,

F. W. JACKSON,
Director, Child Welfare Division.

TABLE I.

CHILD WELFARE ACT—PART III—1933-1934.

Month	Applications			No. of Cases Cancelled	No. of Children Aided	Families under Allowance
	Received	Granted	Refused			
May	22	13	9	21	2,693	916
June	36	19	5	13	2,695	922
July	9	17	10	12	2,719	927
August	20	17	7	15	2,712	929
September	16	8	5	9	2,702	928
October	30	8	4	23	2,662	913
November	34	29	10	11	2,716	931
December	8	18	3	9	2,746	940
January	33	23	3	18	2,775	945
February	17	17	5	12	2,805	950
March	26	17	2	6	2,831	961
April	17	18	6	20	2,828	959
	268	204	69	169	.....	.....

Note: During the year there were 3,313 children aided in 1,092 families on allowance.

TABLE II.

DISTRIBUTION OF FAMILIES:

Cities	Families			Children
Brandon shows	26	enrolled	with	75
Portage la Prairie shows	15	"	"	47
St. Boniface shows	17	"	"	54
Winnipeg shows	328	"	"	845
26 Towns show	96	"	"	306
16 Villages show	41	"	"	130
104 Rural Municipalities show	459	"	"	1,498
Unorganized Territory shows	110	"	"	358
	1,092			3,313

TABLE III.

CAUSES OF CANCELLATION:

(a)	Resources sufficient	25
(b)	Only one child under fifteen	74
(c)	No children under fifteen	25
(d)	Only one child-M. recovered health	3
(e)	F. not totally and permanently incapacitated	10
(f)	F. not in an Institution	1
(g)	Unsatisfactory home conditions	1
(h)	M. re-married	9
(i)	Non-compliance with regulations	9
(j)	M. immoral	9
(k)	Received allowance from other funds	1
(l)	Left Province	1
(m)	Withdrawn	1
		169

CAUSES OF REFUSAL:

(a)	Resources sufficient	27
(b)	Only one child under fifteen	5
(c)	Only one child	5
(d)	F. not totally and permanently incapacitated	5
(e)	Excess assets	2
(f)	Residence qualifications not fulfilled	6
(g)	Non-compliance with regulations	5
(h)	M. immoral	1
(i)	Unsatisfactory home conditions	7
(j)	M. not naturalized and children not born in Canada	2
(k)	Desertion case	1
(l)	Unemployment problem	1
(m)	F. not in Institution	2
		69

TABLE IV.

CAUSES OF DISABILITY:

1.	Infectious Diseases:		
	(a) Tuberculosis	33	
	(b) Venereal disease	5	
			38
2.	Diseases of Nervous System:		
	(a) Paralysis	11	
	(b) Sleeping Sickness	9	
	(c) Multiple Sclerosis	7	
	(d) Other causes	6	
			33
3.	Diseases of Respiratory System:		
	(a) Chronic Bronchitis	1	
	(b) Asthma	2	
			3
4.	Diseases of circulatory system		13
5.	Diseases of kidney, bladder and urinary passages		5
6.	Diseases of digestive system		6
7.	Diseases of skin		3
8.	Diseases of bones and joints		21
9.	Mental diseases—in hospital		32
			154

TABLE V.

CAUSE OF DEATH OF FATHER:

1.	Infectious diseases:		
	(a) Tuberculosis	123	
	(b) Venereal disease	11	
	(c) Influenza	7	
	(d) Typhoid	6	
	(e) Smallpox	2	
	(f) Erysipelas	2	
	(g) Other causes	4	
			155
2.	Diseases of Nervous System:		
	(a) Cerebral hemorrhage	29	
	(b) Meningitis	12	
	(c) Apoplexy	3	
	(d) Tumour or abscess of brain	12	
	(e) Other causes	20	
			76
3.	Diseases of Respiratory System:		
	(a) Pneumonia	69	
	(b) Bronchitis	4	
	(c) Pleurisy	4	
	(d) Asthma	3	
	(e) Other causes	12	
			92

4.	Diseases of Digestive System:		
	(a) Appendicitis	20	
	(b) Peritonitis	15	
	(c) Ulcers of stomach and duodenum	16	
	(d) Disease of liver	2	
	(e) Other causes	13	
			66
5.	External Causes:		
	(a) Accident	80	
	(b) Suicide	26	
	(c) Murder	4	
	(d) Other sudden deaths	4	
			114
6	Disease of circulatory system		147
7.	Disease of kidney, bladder and urinary passages		33
8.	Disease of skin		2
9.	Diseases of bone and joints		3
10.	Cancer or tumour		95
11.	Anemia		2
12.	Diabetes		4
13.	Other causes		9
	Presumed dead		7
			805

TABLE VI.

NATIONALITY OF PARENTS:		F.	M.
1.	Canadian	11	12
2.	English and Welsh	193	201
3.	Scottish	117	111
4.	Irish	98	73
5.	American	11	6
6.	Ukrainian and Ruthenian	150	141
7.	Icelandic	17	25
8.	Polish	55	64
9.	German	38	47
10.	Hebrew	27	25
11.	Austrian and Galician	45	54
12.	Scandinavian	20	18
13.	French	73	80
14.	Italian	4	4
15.	Russian	18	13
16.	Half-breeds	21	25
17.	Mennonite	21	28
18.	Other foreign	35	32
		959	959

Annual Report
Fiscal Supervisor of Public Institutions

Dr. F. W. Jackson, D.P.H.,
Deputy Minister,
Department of Health and Public Welfare,
Buildings.
Sir:

I have the honour to submit a condensed report of the Fiscal Supervisor of Public Institutions and Relief for the Fiscal Year ending April 30th, 1934.

Revenue received from May 1st, 1933 to April 30th, 1934, for maintenance of Provincial and outside patients, also Indians, Insane Convicts and Soldiers, in the Hospitals for Mental Diseases, Brandon and Selkirk; also maintenance of patients in the Psychopathic Hospital, Winnipeg. Maintenance of Municipal and Provincial patients,Home for Aged and Infirm, Portage la Prairie; also Farm and Sundry Revenue from the following Institutions, amounted to $224,193.18:

SUNDRY REVENUE ACCOUNT.

	12 months' period ending April 30th, 1934.		12 months' period ending April 30th, 1933		Increase or Decrease	
Brandon Hospital for Mental Diseases	$103.40		$1,018.39		Dec.	$ 914.99
Selkirk Hospital for Mental Diseases	941.41		846.82		Inc.	94.59
Home for Aged and Infirm, P. la Prairie	18.11		121.84		Dec.	103.73
		$ 1,062.92		$ 1,987.05	Dec.	$ 924.13
Refunds to appropriations		11,590.93		8,405.99	Inc.	3,184.94
TOTAL		$224,193.18		$157,663.74	Inc.	$66,529.44

Comparison of the revenue received for this Fiscal Year ending April 30th, 1934, with the same period ending April 30th, 1933, shows an increase of $66,529.44.

Total Revenue received on Maintenance Account	$176,415.36	$109,893.77	Inc.	$66,521.59
Total Revenue received on Farm Account	33,908.85	36,208.75	Dec.	2,299.90
Total Revenue received on Therapy Account	1,215.12	1,168.18	Inc.	46.94
Total Revenue received on Sundry Revenue Account	1,062.92	1,987.05	Dec.	924.13
Total Revenue received on Refunds to Appropriations	11,590.93	8,405.99	Inc.	3,184.94
	$224,193.18	$157,663.74	Inc.	$66,529.44

The Administrator of Insane Persons paid $49,351.57 during this period, which is $23,410.22 more than was paid over last year.

It will be noted by examining the preceding figures, that there is a net increase in revenue for the Fiscal Year, over the preceding year, of $66,529.44. However, it must be taken into account that $18,500.04 of this increase was obtained by the payment of certain maintenance accounts in the Home for Mental Defectives at Portage la Prairie, for the year ending April 30th, 1933, made by the City of Winnipeg.

The balance $41,910.26 has been obtained from increase in collections from relatives, representing $24,611.33, and the remainder $23,410.22 represents an increase in payments made out of the Estates of the Insane, over the preceding year.

This increase in revenue is due to two different causes:

1st. The relatives of the patients have been more capable of paying this year than last.

2nd. The increased rate from 50c to $1.00 per day, whenever the estate or relative is capable of paying the higher rate, has also helped considerably.

There is a slight increase in the collections made by this Department for the Psychopathic Hospital accounts, and I also think it is only right to point out that the collection staff is entitled to the credit for a certain amount of the revenue received at the Winnipeg General Hospital, as often accounts are paid to the Hospital after they have been transferred to this office.

This Department only assumes the responsibility of collection for those accounts, as having been received from the Provincial Psychiatrist, as collectible. This has never represented more than one-half of the accounts in any one year.

INSTITUTIONAL AND CHARITY GRANTS

Institution	Grant Voted	Grant Paid
Children's Aid Society, St. Adelard	$ 675.00	$ 675.00
Children's Aid Society, Dauphin	900.00	900.00
Children's Aid Society, Winnipeg	2,700.00	2,700.00
Children's Aid Society, Brandon	1,080.00	1,080.00
Children's Home, Winnipeg	3,600.00	3,600.00
Ritchot Foundling Home	900.00	900.00
Knowles' Home for Boys, East Kildonan	1,170.00	1,170.00
Old Folks' Home, Winkler	50.00	50.00
Esther Robinson Jewish Orphanage	----------	----------
St. Joseph's Orphanage	1,260.00	1,260.00
St. Boniface Orphanage	675.00	675.00
Canadian Social Hygiene	----------	----------
St. Benedict's, Arborg	360.00	360.00
Canadian National Institute for the Blind	6,300.00	6,300.00
Winnipeg Health League	90.00	90.00
Old Folks' Home, Gimli	----------	----------
Old Folks' Home, Middlechurch	----------	----------
Margaret Scott Nursing Home	675.00	675.00
Salvation Army (Immigration)	900.00	900.00
St. Agnes Priory, West Kildonan	900.00	900.00
Victorian Order of Nurses	585.00	585.00
Last Post	360.00	360.00
Manitoba Dental Association	360.00	360.00
Red Cross Society	2,700.00	2,700.00
	$26,240.00	$26,240.00

The Annual Reports from all the above institutions receiving a grant have been examined and found satisfactory.

RE: DESTITUTION IN UNORGANIZED TERRITORY

This Department extends assistance in cases where the bread-winner is unable to provide for his family, through illness, and a medical report is usually furnished. Assistance is also given to widows pending applications for Mothers' Allowances, widows who are unable to benefit by the Child Welfare Act owing to regulations, unmarried mothers, deserted mothers, persons who are over seventy and unable to benefit from the Old Age Pensions Act and feeble-minded persons for whom there is no accommodation in the Portage la Prairie institutions.

All applications for relief are personally investigated by the local inspector before aid is given, except in extremely urgent cases, when one order is usually placed and the inspector instructed to visit the family as soon as possible.

Inspectors are required to fill out specially printed forms provided by the Department, giving the name and age of the applicant, number of dependents and their ages, information as to relatives, details as to personal property, social history and condition of their land.

Inspectors keep in touch with families from time to time, and a report is made to the Department, if any change is to be made.

The system of granting relief is as follows: A letter of authority is sent to the family in which the storekeeper's name is omitted, which enables the recipient to deal with any storekeeper he wishes. The storekeeper is required to forward his account to this office for payment with the recipient's signature on the account and he is restricted to supply articles listed on the form sent him with the original order, which is as follows:

Baking Powder	Fish (not canned)	Prunes
Beans	Flour	Raisins
Bread	Honey	Rice
Buckwheat grits	Lard	Rolled Oats
Butter	Macaroni	Sewing Thread
Cheese (not boxed)	Matches	Soap
Chicory	Meats (not canned) Bacon	Soda (Baking)
Coal Oil	Beef Sausage	Sugar
Coffee	Onions	Syrup
Cornmeal	Pepper	Tea
Cocoa	Salt	Yeast Cakes
Evaporated Apples	Potatoes	

In cases where certain articles of food, not listed above, are recommended by a physician, special permission is granted to the storekeeper to supply same.

In a few cases, on the inspector's recommendation, cash allowances are granted, but only in cases where it would be to the advantage of both the Department and the recipient. In cases where persons are partially or in some cases totally disabled, they are placed on a board and lodging basis in the country, which saves the Government the expense of placing them in the Home for Aged and Infirm at a much higher rate.

You will find appended statistical data of the work covering the fiscal year, showing the total number of persons receiving relief during the year, as follows:

1. Total number of persons on relief as compared to the last fiscal year.
2. Details of persons receiving relief from May 1st, 1933 to April 30th, 1934,

showing amount spent for food and clothing, etc., classified according to causes and nationality.

3. Miscellaneous expenditures re transportation to and from Hospital, Medical Aid, Doctors' Fees, Ambulance Service, Medicine, Unclassified Medical Expenditure, Burials of Indigent Persons in Northern and other parts of Manitoba.

4. Amount of relief granted and number of cases, by nationality.

5. Number of children in families, classified according to nationality, showing sex, number of applicants of foreign extraction born in Canada and persons not naturalized and total number of adults and children on relief.

RE DESTITUTION IN UNORGANIZED TERRITORY

Number of Persons Receiving Relief, May 1st, 1933 to April 30th, 1934.

APENDIX I.	Cases	Dependents
Number of cases receiving relief, May 1, 1933	196	251
Number of new cases, May 1, 1933, to April 30, 1934	61	218
Total number of cases receiving relief, May 1, 1933, to April 30, 1934	257	469
Number of cases discontinued, May 1, 1933, to April 30, 1934	47	97
Number of cases receiving relief, April 30, 1934	210	372

DETAILS OF PERSONS RECEIVING RELIEF FROM MAY 1st, 1933 to APRIL 30th, 1934.

Showing the amount spent for Food, Clothing, Etcetera, for the year in each classification and each national group.

APPENDIX II.

Classification	British	Canadians	Germans	Scandinavians	French	Half-breeds	Ukrainians	Polish	Hungarians	Other Nationalities	Total Amount	Average Per Month
Old Age	$ 128.69	$396.00	$ 81.93	$ 180.50	$ 221.00	$ 336.30	$2,407.97	$ 978.39	$124.35	$ 90.57	$ 4,945.70	$ 412.14
Children				220.00		970.97	225.00				1,415.97	118.00
Partially Disabled	751.21	50.00			90.00	26.15	1,272.51	491.59		436.49	3,117.95	259.83
Sickness	239.04	274.00	139.96	287.32	483.00	636.63	909.64	378.85	241.84	275.21	3,865.49	322.12
Imprisonment				179.06							179.06	14.92
Desertion	100.00			272.21	183.00	167.13	567.28				1,289.62	107.47
Widows	71.50		261.99			273.61	655.54	237.90			1,500.54	125.05
Blind					192.00	252.53	210.86				655.39	54.62
Tuberculosis	337.78	8.00			414.00	84.50	425.54			478.14	1,747.96	145.66
Paralysis						150.00				370.00	520.00	43.33
Insanity							176.09				176.09	14.67
Miscellaneous						59.40	43.16				102.56	8.55
	$1,628.22	$728.00	$483.88	$1,139.09	$1,583.00	$2,957.22	$6,893.59	$2,086.73	$366.19	$1,650.41	$19,516.33	$1,626.36

APPENDIX IV.

No. of Cases by Nationality	21	10	5	8	18	63	98	22	4	8	Total 257

MISCELLANEOUS EXPENDITURES RE PERSONS NOT IN RECEIPT OF ANY OTHER RELIEF

APPENDIX III .

	Cases	Expenditures	Total Expenditures	Grand Total Expenditures
Transportation to and from Hospital and returning Non-Residents to their homes:				
Northern Manitoba	60	$409.88		
Other parts of Manitoba	36	220.12		
Total number of Cases	93		$ 630.00	
Medical Aid—Doctors' Fees, Ambulance Service, Medicine, etc:				
Northern Manitoba	82	241.40		
Other parts of Manitoba	58	626.86		
Total number of Cases	140		868.26	
Unclassified Miscellaneous Expenditures:				
Northern Manitoba	15	191.86		
Other parts of Manitoba	38	820.93		
Total number of Cases	53		1,012.79	
Burials of Indigent persons	16	424.35	424.35	
Cases where clothing only was supplied	13	104.93	104.93	
Garden Seeds only	4	3.45	3.45	
				$3,043.78

APPENDIX V. NUMBER OF CHILDREN ON RELIEF, SHOWING AGES AND SEX

"B"—Boys.
"G"—Girls.

Age	British B.	British G.	Canadian B.	Canadian G.	German B.	German G.	Scandinavian B.	Scandinavian G.	French B.	French G.	H.Breed B.	H.Breed G.	Ukrainian B.	Ukrainian G.	Polish B.	Polish G.	Hungarian B.	Hungarian G.	Other Nationalities B.	Other Nationalities G.	Total
1 to 5	6	3	5	----	3	1	2	1	2	2	17	12	27	17	----	1	----	----	----	----	99
5 to 10	4	5	2	----	3	3	6	----	3	5	11	22	22	18	2	----	----	----	4	1	111
10 to 16	9	6	----	----	2	2	4	3	3	8	12	13	26	16	4	----	----	----	2	4	114
16 and over	2	3	1	----	----	----	----	----	2	3	7	3	22	5	1	----	----	----	2	----	51
Total	21	17	8	----	8	6	12	4	10	18	47	50	97	56	7	1	----	----	8	5	----
Grand Total	38		8		14		16		28		97		153		8		----		13		375
Born in Canada of Foreign Extraction					1		----		8		----		12		1		1		----		23
Persons not Naturalized					1		—		----		----		57		5		----		1		64

Total number of Boys 218
Total number of Girls 157

375

Total number of Men 163
Total number of Women 172

335

Total number of Adults and Children on Relief ..... 710.

I wish to convey my thanks and appreciation to the following organizations for the assistance rendered in investigating our cases and examining sick persons gratis, etc.:

The Royal Canadian Mounted Police, Imperial Order Daughters of the Empire, Out Patients Department — St. Boniface Hospital, Social Service Department — Winnipeg General Hospital, Social Welfare Commission of Winnipeg, Confidential Exchange, City of Winnipeg, Dr. E. R. Dicks, Dauphin, The Department of Public Works, Dr. E. W. Montgomery and Dr. C. R. Donovan, the Canadian Pacific and Canadian National Railways.

In closing, I wish to express my sincere appreciation to all the members of the staff for their assistance and co-operation during the past year.

Respectfully submitted,

S. HARDYMENT,
Fiscal Supervisor of Public Institutions and Relief.

Annual Report
Administrator of Estates of Insane Persons

Dr. F. W. Jackson, D.P.H.,
Deputy Minister,
Department of Health and Public Welfare,
Building.

Sir:

As Administrator of Estates of the Mentally Incompetent for the Province of Manitoba, I have the honour to submit the following report covering the activities of this Department for the Fiscal Year ended April 30th, 1934.

The total number of estates under administration during the period were 587, of which 389 were productive and 198 non-productive — an increase of 47 estates over last year.

During the past year the number of farms administered by this office numbered 51. These were under the following headings:

Leases	23
Mortgages and Agreements	28

Of the number of farms under lease, 15 yielded grain, a summary of which follows:

WHEAT	7,359	Bushels
OATS	3,157	"
BARLEY	1,615	"
HAY	21	Tons
SHEAVES	500	
Acreage under summerfallow	515	
Acreage under cultivation	1,421	
Acreage under crop	1,197	

In addition to the above there are:

Notes held for collection	52
Property, city, suburban, etc	21

The following property was sold during the period:

SW ¼ 27-4-2 W
Lots 16 and 17 — Lowe Farm
SE ¼ 7-23-17 West
SE ¼ 19-15-29 West

Two auction sales were held during the year, at which a representative from this office was present.

I would like to state that during the past few years the work in connection with administration has increased tremendously, this being due to several causes. Firstly, the revenue derived from property and farms leased is in most cases barely sufficient to carry the property; Secondly, the administration of pensions require that a close inspection be made of the circumstances of the dependents in order to see that the patient is protected; Thirdly, the administration of benefits under insurance policies takes up a great deal of our time. To give an idea of how much work this entails, at present we have to deal with:

Life insurance policies numbering	83
Fire insurance policies numbering	28

In addition to checking up premiums, loans, etc., under these policies, there are twenty policies under which disability benefits are paid to this office monthly.

Further, there is under administration soldiers' pensions numbering 50. These are divided as follows:

War Veterans' Allowance	38
Ordinary soldier pension	12

Payments covering these are received monthly, and average approximately the sum of $950.00.

The amount of stocks and bonds held is as follows:

Dominion of Canada	$152,950.00
U.S.A. Postal Note	500.00
Industrial Bonds (approx.)	31,800.00

The Fiscal Supervisor of Public Institutions and Relief received the sum of $49,-351.57 for maintenance of inmates in the following Institutions:

Brandon Hospital for Mental Diseases,
Selkirk Hospital for Mental Diseases,
Psychopathic Hospital,
Home for Aged and Infirm,
St. Boniface Old Folks' Home.

FINANCIAL STATEMENT

Fiscal Year Ended April 30th, 1934

TRUST ACCOUNT:

Balance as at April 30th, 1933		$ 88,635.84
Receipts, May 1st, 1933 to April 30th, 1934		67,327.99
		$155,963.83
Expenditures May 1st, 1933 to April 30th, 1934		135,129.39
		$ 20,834.44

CONSERVATION ACCOUNT:

Balance outstanding as at April 30th, 1933	$	1,974.58
Expenditures May 1st, 1933 to April 30th, 1934		1,079.19
	$	3,071.77
Receipts May 1st, 1933 to April 30th, 1934		44.44
Balance outstanding April 30th, 1934	$	3,027.33

DEPOSITS:

To Royal Bank of Canada	$	67,327.99
To Provincial Treasurer of Manitoba		44.44

There is a great amount of work in connection with the administration of these estates that cannot be tabulated or made a matter of record, but it should be borne in mind that the relatives of the patients look upon this office as a medium of helping them out of their difficulties, if at all possible.

In conclusion, might I express my appreciation for the valuable assistance and advice I have received from the Minister and yourself during the past year.

Respectfully submitted,

S. HARDYMENT,
The Administrator of Estates
of the Mentally Incompetent.

Annual Report
Division of Hospitalization

Dr. F. W. Jackson, D.P.H.,
Deputy Minister of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith a general summary of the work in the Division of Hospitalization for the Fiscal Year ending April 30th, 1934, as follows:

Thirty-six Public Hospitals in the Province of Manitoba received grants under The Hospital Aid Act.

Their total bed capacity is 3,973.

Total number of patients treated was 57,903, which is a reduction of 1,339 from last year. The patients treated in the public wards were 48,416, accounting for 762,854 patient days which is 86% of the total days and is also the greatest percentage for any year during the past five years.

Out of 874,582 total patient days, the general hospitals accounted for 69.9%, which is the lowest proportion during the past five years, while the tuberculosis sanatoria accounted for 20.3% of the total which is the highest proportion for the past five years.

Fourteen hospitals had an average occupancy of less than 50% of their bed capacity.

At present statutory rates, the care of public ward patients represents a bill of $1,548,576.85 against public funds over the entire Province, which is considerably less than last year, accounted for entirely by the lowered rate as the number of days to be paid for was larger than the previous year.

The average operating cost per patient day for all hospitals is $2.34, which is a reduction of about 6% from last year.

Through this Department, per diem maintenance rates of $93,747.12 were paid to public hospitals, of which almost half goes for the care of tuberculous patients.

The total payments through this Department of statutory grant and per diem rates to the St. Boniface Sanatorium, Central Tuberculosis Clinic and Manitoba Sanatorium represented about 47% of their reported operating income.

Aid to public hospitals by statutory grant was $327,842.30, which was slightly less than last year.

Under Part II, Section 12, Sub-section 5 of The Hospital Aid Act, this Department is called upon to give many decisions as to responsibility for hospital accounts, nearly all of which involve patients who have no fixed abode.

TABLE I.

MANITOBA HOSPITALS
STATISTICS FOR FISCAL YEAR ENDING APRIL 30, 1934

Hospital	Location	Character of Service	Bed Capacity	No. of Patients Treated	Total No. of Hospital Days	Average Days Stay in Hospital	Average No. of Patients in Hospital Daily	No. of Deaths During Year	Death Rate
Brandon	Brandon	General	210	1,548	24,549	15.86	67	98	6.33
Carman	Carman	General	30	817	6,818	8.3	18.6	11	1.34
Central T.B. Clinic	Winnipeg	Tuberculosis	44	4,330	16,023	3.7	44	16	.37
Children's	Winnipeg	General	135	2,198	28,952	13.2	79.3	54	2.45
Convalescent	Winnipeg	Rest Home	50	165	12,209	74	33.4	---	-----
Dauphin	Dauphin	General	59	1,283	14,989	11.68	41.07	55	4.29
Deloraine Memorial	Deloraine	General	17	338	3,473	10.27	9.5	6	1.77
Elizabeth M. Crowe Memorial	Eriksdale	General	10	196	1,919	9.79	5.26	5	2.55
Ethelbert	Ethelbert	General	15	164	1,195	7.28	3.27	4	2.44
Freemasons'	Morden	General	32	655	7,344	11.21	20.12	20	3.05
Gladstone	Gladstone	General	7	70	824	11.77	2.27	4	5.7
Grace	Winnipeg	General	214	2,423	40,300	16.63	110.4	59	2.435
Grandview	Grandview	General	15	158	1,419	8.98	3.88	9	5.7
Hamiota	Hamiota	General	10	123	1,239	10.07	3.39	6	4.88
Hunter	Teulon	General	25	273	4,214	15.43	11.54	13	4.76
Lady Minto	Minnedosa	General	17	244	2,603	10.66	7.13	10	4.1
Man. Sanatorium	Ninette	Tuberculosis	300	1,295	90,095	69.57	246.8	20	1.54
Misericordia	Winnipeg	General	225	5,650	52,885	9.36	144.9	135	2.389
Municipal	Winnipeg	Isolation	330	1,435	60,611	42.23	166	44	3.066
Neepawa	Neepawa	General	30	425	4,711	11.08	12.9	14	3.3
Pine Falls	Pine Falls	General	30	417	6,429	15.42	17.61	14	3.33
Portage la Prairie	Portage la Prairie	General	75	1,019	10,657	10.44	29.14	37	3.63
Sacred Heart	Russell	General	17	435	4,802	11.04	13.16	12	2.76
Selkirk	Selkirk	General	68	1,029	9,321	9.06	25.54	34	3.3
Shoal Lake	Shoal Lake	General	15	280	3,157	11.27	8.65	8	2.86
Souris and Glenwood	Souris	General	40	367	3,431	9.34	9.4	8	2.18
St. Anthony's	The Pas	General	140	876	13,699	15.64	37.53	34	3.88
St. Boniface	St. Boniface	General	472	10,390	114,088	10.98	312.57	261	2.51
St. Boniface Sanatorium	St. Vital	Tuberculosis	268	544	73,905	135.85	202.48	53	9.74
St. Joseph's	Winnipeg	General	125	2,804	27,449	9.79	75.2	67	2.39
St. Roch's	St. Boniface	Isolation	110	634	24,085	38	66	19	3
Swan River	Swan River	General	15	199	2,447	12.3	6.7	4	2.01
Victoria	Winnipeg	General	118	2,668	25,736	9.64	70.51	59	2.21
Virden	Virden	General	25	442	4,262	9.64	11.68	18	4.07
Vita	Vita	General	30	421	3,716	8.83	10.18	16	3.8
Winnipeg General	Winnipeg	General	650	11,589	171,046	14.76	468.62	494	4.26

TABLE II.

Year	Total Patients Treated	Total Hospital Days	Public Ward Days	Public Ward Days Percentage of Total
1930	58,242	936,307	663,229	70%
1931	55,684	812,683	690,984	85%
1932	59,185	897,204	754,428	84%
1933	59,243	892,224	749,291	83%
1934	57,904	874,582	762,854	86%

TABLE III.

	1930		1931		1932		1933		1934	
Hospital	Days	%	Days	%	Days	%	Days	%	Days	%
Isolation	93,001	9.9	72,775	8.9	98,842	11	79,103	8.9	84,696	9.8
T. B. San.	102,604	10.2	103,010	16	147,918	16.5	183,694	20.2	180,023	20.3
General	740,702	79.9	636,898	75.1	650,444	72.5	629,427	70.9	609,883	69.9
Total	936,307		812,683		897,204		892,224		874,582	

TABLE IV.

OPERATING COST PER PATIENT DAY FOR ALL HOSPITALS

1931 Salaries 42.7% Food 17.5% Supplies and Sundries 39.8%
($3.12)

1932 Salaries 47% Food 20% Supplies and Sundries 33%
($2.72)

1933 Salaries 44.6% Food 23.4% Supplies and Sundries 32%
($2.49)

1934 Salaries 46.8% Food 17.4% Supplies and Sundries 35.8%
($2.34)

TABLE V.

MAINTENANCE COST PER PATIENT DAY AND ANNUAL COST PER BED

For Fiscal Year Ending April 30th, 1934

Hospital	Daily Cost Per Patient	Yearly Cost Per Bed
Brandon General	$2.51	$294.
Carman General	2.02	458.
Children's	4.20	900.
Convalescent	.91	222.
Dauphin General	1.57	400.
Deloraine Memorial	2.15	440.
Ethelbert General	5.25	418.
Freemasons'	2.26	519.
Gladstone General	2.23	262.
Grace	1.57	258.

Hunter	2.24	377.
Lady Minto	2.35	360.
Manitoba San. and Central T.B. Clinic	1.80	552.
Misericordia	2.71	636.
Municipal	2.69	494.
Neepawa General	2.49	392.
Pine Falls	2.53	543.
Portage la Prairie General	2.46	348.
Sacred Heart	1.26	355.
Selkirk General	1.76	241.
Shoal Lake	2.18	458.
Souris and Glenwood	2.92	251.
St. Anthony's	1.79	175.
St. Boniface General	2.15	519.
St. Boniface Sanatorium	1.58	437.
St. Joseph's	1.92	427.
St. Roch's	1.87	410.
Swan River	2.25	367.
Victoria	1.80	393.
Virden	2.31	394.
Vita	3.42	424.
Winnipeg General	3.23	850.

During the Fiscal Year May 1st, 1933 to April 30th, 1934, the number of public hospitals operating under The Hospital Aid Act remained the same; none discontinued operations and no new hospitals opened, but Grandview is included in the annual report for the first time.

The Act respecting Aid to Charitable Institutions, assented to on March 31st, 1933, provided for a reduction in the maintenance rate chargeable by Public Hospitals to a municipality from $1.75 to $1.50 and the rate for Statutory Grant from 50c to 40c, but provided for a 20c grant for babies born in Hospital. This is the first year's operation under the new rate and, from this year's returns, it would appear to be working out to the municipalities' advantage at the expense of the hospitals, as the proportion of public ward days which are the potential responsibilities of the municipalities have increased over last year (See Table II), thus increasing the number of patients for whom the charge is fixed. In an attempt to meet the prospects of this diminishing income, the average operating cost per patient day has been reduced about 6% although their potential income from their patients has been decreased by about 15% from last year. In spite of this, some hospitals have shown an operating profit but this is only possible in certain hospitals and under favorable conditions.

PATIENTS TREATED.

The number of patients treated in the hospitals in the Province showed a reduction of 1,339 over the previous year (Table II). Aside from the Central Tuberculosis Clinic, the hospitals in Winnipeg treated 2,121 fewer patients than last year, which leaves a small increase in the number admitted to the rural hospitals (exclusive of T.B. sanatoria). This may indicate that more patients are being given treatment in the local hospitals instead of coming to Winnipeg institutions.

In the three tuberculosis institutions, the Central Tuberculosis Clinic, Manitoba Sanatorium and the St. Boniface Sanatorium, 6,169 patients were treated, which is an increase of 301 over last year.

Of the total patients treated, 9.8% or 5,644 were babies born in hospitals and this represents 42% of all the births in the Province (an additional 388 births were reported in private hospitals and maternity homes).

The number of persons in each thousand of the population admitted to hospital each year from 1930 to 1934, inclusive, is as follows:

1930	87.3
1931	82.2
1932	84.5
1933	83.5
1934	80.6

All of which is respectfully submitted,

E. W. MONTGOMERY,

Director, Division of Hospitalization.

Division of Psychiatry

INCLUDING REPORTS OF:

PROVINCIAL PSYCHIATRIST,

PSYCHOPATHIC HOSPITAL,
WINNIPEG;

BRANDON HOSPITAL FOR MENTAL DISEASES,
BRANDON;

SELKIRK HOSPITAL FOR MENTAL DISEASES,
SELKIRK;

MANITOBA SCHOOL FOR MENTAL DEFECTIVES,
PORTAGE LA PRAIRIE.

Annual Report
Provincial Psychiatrist

F. W. Jackson, M.D., D.P.H.,
Deputy Minister of Health and Public Welfare,
Legislative Building,
City.

Sir:

I have the honour to submit herewith a general summary of the Mental Diseases Division of the Department of Health and Public Welfare for the fiscal year ending April 30th, 1934.

GENERAL STATISTICS

	Men	Women	Total
Number of patients in hospital, April 30th, 1933	1,160	861	2,021
Admitted during the year	427	308	735
Total number under treatment in hospital	1,587	1,169	2,756
Discharged:	212	175	387
As "recovered"	61	60	121
As "much improved"	34	22	56
As "improved"	71	55	126
As "unimproved"	16	21	37
(transfers not included)			
As "not psychotic"	30	17	47
Transfers between hospitals	103	70	173
Deportations	13	3	16
Deaths	50	37	87
Elopements	4	0	4
% discharged to number under treatment	14.17	15.27	14.62
% discharged to number admitted	52.69	57.79	54.83
% died to number under treatment	3.15	3.17	3.16
Remaining in hospital April 30th, 1934	1,188	875	2,063
Increase over previous year	28	14	42

The total admissions showed a difference of one from the previous year. The total number under treatment again showed a definite increase — a larger increase than usual. One thing accounting for this was a further decrease in the death rate. Our hospitals, in common with other hospitals, experienced a low mortality rate. The health of the entire community was unusually good, but it is unlikely that this will continue.

No outstanding variation occurred in the type of cases admitted. The sudden acute cases in young people continued to appear at the Psychopathic Hospital, more notable for their character than their number, however.

The total admissions have shown no increase for two years now but the admissions at the Psychopathic did increase, and, once more, over half of the total admissions were cared for there. As has been pointed out in the report for that institution, the year was an exceedingly difficult one. The total number under care increased due to the slow increase of chronic incurable cases. The discharge rate was somewhat more favorable. The rates for "recovered," "much improved," and "improved" showed minor variations, probably of little significance. Such change as occurred was un-

favorable. It may be the present arrangement for rapid transfer of patients from the Psychopathic Hospital is having a detrimental effect on the "recovery" rate. There was an increase of 3% in the number discharged as "not psychotic."

Thirty fewer deaths occurred, and the mortality rate dropped by 1.18%. The proportion of deaths due to tuberculosis continued high at Brandon, but decreased at Selkirk. Two suicides occurred at Brandon.

Transfers between hospitals increased moderately.

The question of accommodation has been much to the fore. At the Psychopathic it has involved both male and female patients owing to the general restriction on admission. At Brandon, male accommodation was at a premium and at times patients had to sleep on the floor. At Selkirk, both male and female accommodation was short. An arrangement was in prospect, however, whereby a number of female patients would be transferred to Brandon to release much needed beds at Selkirk.

No patients were lodged in Gaol pending admission. A certain number of cases discovered among prisoners, were admitted.

Deportations numbered 16, as compared with 17 last year, and 32 the year before. With the tide of immigration greatly diminished, this decrease is to be expected.

There was an increase of four in the number of pensioners in hospital.

ACCIDENTS

The occurrence of two suicides has been noted. All other accidents of significance consisted of fractures, mostly due to elderly patients falling. One serious pelvic fracture resulted from a determined attempt of a female patient to escape from a fourth storey window. Where overcrowding exists as it does on the male wards, irritation develops, and in the scuffling that occurs, minor injuries frequently result.

GENERAL HEALTH

The general health of patients has been good, although a small epidemic of acute influenza occurred in Brandon, and just at the end of the year Typhoid Fever appeared at Selkirk. For some reason, there is unusual morbidity among nurses at Brandon. The basic causes for this are, as yet, undiscovered.

One death occurred in the staff at Brandon.

STAFF PERSONNEL AND WORK

Staff changes were comparatively few. With changes in the general economic situation, there has been a decrease in the fluctuation among personnel.

Laboratory work has suffered at Selkirk for want of a technician, although the Surgical Nurse has given assistance in necessary routine procedures.

Another staff physician will have to be added at Selkirk. The work requires this step and it will be recalled that a vacancy has existed there for two years.

At Brandon, the X-Ray equipment has thoroughly justified its installation. A new system of ensuring occupational activity for the maximum number of patients, has been in operation at Brandon with gratifying results.

The Mental Health Clinics at Psychopathic Hospitals and operating in the Brandon district, have continued their useful work.

TRAINING SCHOOL FOR NURSES

Five nurses graduated from Brandon. None from Selkirk owing to the change there from a two-year to a three-year course.

The post-graduate course for nurses continued at Brandon, and is meeting a real need.

We look forward to an extension of mental hospital training facilities to general hospital student nurses. At present, in the various hospitals, we receive nurses from three general hospitals. It is a hopeful sign that the governing body of the nursing profession are now seeking this extension of facilities. Great benefit will accrue to the nurses themselves, and our own institution will also benefit in more ways than one.

OCCUPATIONAL WORK

A new arrangement at Brandon has already been mentioned. It has effected a change in Industrial rather than Occupational work, however. The Occupational departments at Brandon and the Psychopathic, have functioned actively and usefully throughout the year. The department at Selkirk has been short handed, and was closed part of the year. It will have to be re-opened, however, since Occupational Therapy is too valuable a therapeutic resource to be neglected.

THE MANITOBA SCHOOL

This institution, suffering under serious handicaps, is doing exceptionally fine work. It is overcrowded and this in a building never intended for its present purpose, is productive of great difficulties. One difficulty in the operation of the Act has appeared, and that is the tendency for Magistrates to commit patients without making any inquiry as to the possibility of accommodating them. Their co-operation has at times been difficult to secure. Dr. Atkinson has submitted a very complete report which will not be detailed here.

NEEDS

There are many. Some of them, put off from year to year, are becoming more and more urgent.

Increased accommodation to meet a continuing demand is most urgent, and involves all of the institutions. An increase in permitted admissions at the Psychopathic, could be made at small cost. Prospect of an addition to the Colony Building at Brandon, is encouraging. It will relieve congestion to some extent in the male wards of that hospital.

The need for increased accommodation at Portage cannot be too strongly stated. The institution is already overcrowded dangerously, and the waiting list is steadily growing.

OTHER NEEDS:

At the Psychopathic Hospital — repairs of plaster, painting and to basement floor.

At Selkirk — improved office accommodation (in prospect). Measures against fire hazard, in the main building.

At Brandon — water softening plant for the Laundry. Accommodation for male attendants. Repair of roofs of a number of the buildings.

The difficulties of the year have been great, and had it not been for the unfailing loyalty of the staff, they could not have been surmounted.

The understanding and unfailing co-operation of yourself, Dr. Jackson, and all other Government officials, have encouraged and supported us throughout.

I have the honour to be,

Sir,

Your obedient servant,

A. T. MATHERS,
Provincial Psychiatrist.

Annual Report
Psychopathic Hospital

F. W. Jackson, M.D., D.P.H.,
Deputy Minister of Health and Public Welfare,
Legislative Building,
City.

Sir: ,

I have the honour to submit herewith a report on the work at the Psychopathic Hospital during the fiscal year ending April 30th, 1934.

GENERAL STATISTICS

		Men	Women	Total
Remaining in hospital April 30th, 1933		11	13	24
Admitted:	May 1st, 1933 to April 30th, 1934	226	163	389
	First Admissions	179	122	301
	Re-Admissions	47	41	88
	General admissions	116	117	233
	Voluntary	11	5	16
	By Magistrate's Order	92	40	132
	Through Immigration Authorities	2	1	3
	By Minister's Order	2	0	2
	Transfer—from Selkirk	1	0	1
	" " E.J.D. Gaol	1	0	1
	Re-taken elopement (Selkirk)	1	0	1
Total patients under treatment		237	176	413
Average daily population				24.13
Rated capacity				32
Average duration of stay in days				21.33
Discharged:				
	Total cases discharged	222	163	385
	As "recovered"	35	29	64
	As "much improved"	17	7	24
	As "improved"	32	33	65
	As "not insane"	29	14	43
	As "unimproved"	104	77	181
	To "relatives"	59	64	123
	To "relatives, against advice"	7	13	20
	To "own control"	29	8	37
	Transfers — other mental institutions	101	69	170
	" To Police	15	0	15
	" To Convalescent Home	1	1	2
	" To Old Folks' Home	2	2	4
	" To Wpg. General Hospital	2	2	4
	" To Immigration Authorities	1	0	1
	" To Juvenile Court	0	1	1
Deaths		5	3	8
Mortality Rate				1.94
Remaining in Hospital April 30th, 1934		13	15	28

During this year we admitted more patients than in any year in the past six, with one exception. The demands for accommodation continue to be just as frequent and just as insistent as at any time in the hospital's history. To keep within the prescribed number of patients to be accommodated, and at the same time keep reasonable peace with the medical profession and the public, has been an exceedingly difficult task. As it is, the average occupancy was a fraction of one per cent over the allotted number, and twelve more patients were cared for than in the previous year.

ADMISSIONS

Of the 389 admissions, 301 were admitted for the first time, and 88 had been patients here one or more times previously. In the fifteen years that the hospital has operated, a number have been re-admitted as often as five or six times, their disturbance being of the acute, rapidly recovering type.

The average duration of stay was down again this year by a fraction over a day. It stood at almost exactly three weeks, and for the purposes originally intended for this hospital, this is probably too short.

The proportion of admissions by Magistrate's Order has shown a further increase. One reason for this is that so many cases have to be refused when application is made for their admission. The next, and often the immediate step, is to appeal to the police — a warrant is issued, and rather than have patients suspected of mental disease transferred to the Gaol, we admit them. In the past few years, the number of patients admitted by such order has doubled, and it is both unfortunate and discouraging.

DISCHARGES

Of the 377 patients discharged, 17% were considered to have recovered — a drop of 2% from last year, and again accounted for in the same way, viz., too rapid transfer of patients. It may be that in earlier years the average time in this hospital was too long. There is no doubt that the present average time is too short. Last year 85 were considered to be "much improved" or "improved" on discharge. This year the number was 89. Delayed admission of patients needing care and the need for early transfer are seriously interfering with the function of this hospital, as originally intended. There is a very slight decrease in the proportion transferred to other mental hospitals, 44.1%, as compared with 44.3%, last year.

There were no escapes during the year.

DEATHS

Eight patients died during the year, giving a mortality rate of 1.94%. This is a decrease from the year before, which, in turn, showed a decrease from the preceding year. Three of the deaths might be said to be directly connected with the mental disorder from which the patient suffered. The remainder were not so related. No suicides occurred during the year.

CLASSIFICATION

No table or diagnoses is submitted. The outstanding contributors in order, were: Dementia Praecox, Manic Depressive psychosis. Paranoid states, Constitutional Psychopathic states. Other categories each supplied less than 5% of the cases. The proportion of syphilitic mental disease appears to be slowly diminishing and with much improved methods of treatment, very few now become permanent institutional cases.

CLINICAL SERVICE

The medical staff changed with the resignation of Dr. Gordon Stephens, his place being taken by Dr. J. Matas and Dr. G. L. Adamson, part time. Dr. W. M. Musgrove

continued to conduct the "Out Patient" Service, and the psychiatric service for the Juvenile Court.

Relationships with other hospitals and institutions have been satisfactory, although we quite frequently have been unable to promptly accept transfer of patients who are found to be, or become psychotic on their wards. The General Hospital is the one most inconvenienced.

Records have been maintained and regular staff conferences held throughout the year.

NURSING SERVICE

The supervising staff was decreased during the year by relinquishing the services of one staff nurse who had been on half time from the Winnipeg General Hospital Training School during part of the previous year. Pupil nurses continued to come for training in the care of mental cases. A total of 59 received this training, as compared with 62, last year, and 70, the year before.

SOCIAL SERVICE

The effect of reduction of staff in shown clearly in this important department. It was impossible to keep up the work with but one investigator. Last year 301 original investigations, and 253 "after care" visits were made. This year the numbers have decreased to 295 and 60 respectively. The actual needs were increased this year over last.

OCCUPATIONAL DEPARTMENT

This department has continued to function satisfactorily throughout the year and with fewer patients, more individual attention has been possible. The work is a valuable agency in treatment. During the absence of the instructress on vacation, a change in patients' conduct and progress is noted. No detailed list of articles made is appended, but is on file. Disposal was through the medium of joint sales with the occupational department of Selkirk Hospital for Mental Diseases, and by private sales, or articles specially prepared to order.

EDUCATIONAL WORK

The instruction of pupil nurses and medical students continued as in previous years. Contributions were made to the Departments, series of radio broadcasts, and a number of public addresses given.

REPAIRS AND REQUIREMENTS

No repairs were made during the year and some are urgently needed. The floor of the basement corridor needs re-surfacing, or it will have to be replaced entirely before long. Numerous areas of falling plaster and scaling paint also require attention.

The really serious requirement is an increase in the number of patients that may be accepted. Try as we will, there are times when the pressure of demands for accommodation is too heavy to be withstood. The attitude of medical profession and public alike is different toward mental cases. The element of uncertainty and fear of possible violence are always present, and, if we refuse admission, the patients are turned over to the police, and in the end we take them, rather than allow them to be sent to gaol where they certainly do not belong, and where their presence causes justifiable concern to the officials. Operating at the present level is uneconomical. The gross cost is reduced but the daily cost per patient is sharply increased. In other words, with a small increase in the provision for maintenance, a considerably larger

number of patients could be cared for, and the constant pressure and worry over a long waiting list somewhat diminished.

The staff, without exception, have responded in most loyal fashion to increased individual responsibility and work.

From yourself, the Deputy Minister and, in fact, all officials of the Government Service, we have received courteous attention and assistance.

I have the honour to be, Sir, your obedient servant,

A. T. MATHERS,
Medical Director.

Annual Report
Brandon Hospital for Mental Diseases

A. T. Mathers, M.D., F.R.C.P.,
Provincial Psychiatrist,
Winnipeg, Man.
Sir:

I have the honour to submit a brief synopsis of the report for the Hospital for Mental Diseases for the fiscal year ending April 30th, 1934.

Detailed information is contained in the statistical tables of the main report, a few of which are abstracted and appended.

The year opened with 1,199 patients in residence, 676 males and 523 females, and closed with 1,244. The growth of the institutional population is shown in the following tables:

1919-20	749		
1920-21	787	increase	38
1921-22	837	"	50
1922-23	865	"	28
1923-24	908	"	43
1924-25	934	"	26
1925-26	982	"	48
1926-27	1,038	"	56
1927-28	1,076	"	38
1928-29	1,112	"	36
1929-30	1,155	"	43
1930-31	1,177	"	22
1931-32	1,186	"	9
1932-33	1,190	"	4
1933-34	1,220	"	30

Admissions

First admissions	162,	94 men	and 68 women
Readmissions	45,	21 men	and 24 women
Total admissions	207,	115 men	and 92 women

Psychoses of Admissions (see table appended).

Nativity of patients admitted shows a further increase of Canadian born, rising from 55.14% to 58.94%; Great Britain and Ireland, 16.91%; and those of all other countries, 24.15%, of which Poland contributed 10.63%.

Age Incidence.

Thirty-six per cent of patients admitted were over 50 years of age, 41 being men and 35 women. Twenty-two were over sixty and twenty-two over seventy years of age. There was an increase in patients under fifty years, especially in the third decade.

Civil Condition.

Married, 73; single, 103; widowed, 27; separated, 2; unknown, 2.

Discharges, etc.

There were 162 separations, 105 being discharged, 2 transferred to other institu-

tions within the province, 7 were deported, 4 eloped and 44 died. Of those discharged, 28.5% were recovered, 19% much improved, 33% slightly improved, 16% unimproved, and 2.8% non-psychotic.

Psychoses of Discharges (see appended table).

Deaths.

Deaths totalled 44, or a rate of 3.1%, which is the lowest rate recorded for some years. 31.8% were due to the mental disease or the cause of the mental disorder; 68% due to intercurrent infections, 30% of these infections being due to pulmonary disease, 18% due to tuberculosis. All but one case of tuberculosis was pulmonary in type. Cardiovascular disease accounted for 22.7%.

Accidents.

Accidents requiring special note consisted of fractures, seven in all. Only one death occurred in a senile case with fractured femur. Minor accidents were prevalent, especially upon the more congested wards of the male service.

General Health.

This has been good for both patients and staff. Apart from a general outbreak of influenza of rather prostrating type, no epidemic disease occurred.

Medical Work.

The outstanding developments of the year have been (1) Reorganization of the Occupational and Recreational Therapy department, (2) Expansion of the Mental Health work. In the former field the objectives were to (1) increase the number of patients working, (2) improve the standard and utility of the work performed, (3) link up occupation with recreation, (4) keep a better check on patients likely to be overlooked in crowded wards, (5) reduce the cost of maintenance, (6) most important of all, emphasize the beneficial therapeutic effect of activity upon the patient.

At the close of the year there were 940 patients who worked at least two hours a day, and many of them a full day. Parole has also increased and 214 patients were on parole, either group or single, when the year ended.

In the Mental Health field considerable expansion took place. At the Brandon Clinic held in co-operation with the Brandon Full-time Health Unit, there were 472 appointments. In addition, travelling clinics were held at Minnedosa, Russell, Virden, Dauphin and Souris. Patients seen at these clinics are chiefly school children showing varying degrees of retardation in school work, some have presented behaviour problems necessitating advice to teachers and parents. Others have been of sufficiently serious nature to have already come to the attention of the Juvenile Court authorities. It is felt that as the financial situation improves, more stress should be placed upon this phase of mental hygiene work in the hope that early and incipient disease may be detected and treated, and the maladjustments of early life which are likely to lead to full blown mental disorder may be entirely prevented or at least reduced considerably in pathological effect.

In order to facilitate this work, it is considered advisable at as early a date as possible to appoint a Public Health Nurse trained in mental nursing to act as a social worker in this field.

Pathological and X-Ray Departments.

Pathological and X-Ray Departments have been maintained at a high standard of efficiency in that we have not been called upon to reduce the number of the staff. Autopsies numbered 23, slightly over fifty per cent of our deaths. This is a slight drop from previous years. The X-Ray equipment has been successfully operated and

we believe will result in a lessening of the incidence of tuberculosis by the early recognition of cases among staff and patients. Considerable Public Health work for Brandon and the neighboring community has been carried on in our laboratory.

Training School.

During the year five nurses and six attendants were graduated, receiving diplomas in mental nursing. Eight nurses were granted a diploma for post-graduate training as mental nurses. There has also been noted a higher educational standard for those admitted as probationers.

Occupational Therapy and General Work.

In addition to the previous reference to the value of occupational therapy I wish to report that the formal classes have been carried on with consistently good results, and in addition, large numbers of patients have been occupied in the various industries of the hospital and on the farm.

General Library.

No new books were added during the year but a further addition was being asked for at the close of the year. We wish to acknowledge the donation of magazines from various individuals, particularly the agency of the postmaster of Winnipeg. Patients have also been kept informed of current news through the daily press.

Religious Services and Entertainments.

Divine service has been held regularly each Sunday afternoon throughout the year. Patients have been entertained in a variety of ways through the fortnightly dances, concert parties, and during the summer by group picnics and sports.

Accommodation and Alterations.

No new addition was added throughout the year. The male infirmary was changed in location. Greatly improved facilities and roomy quarters are now provided. Special precaution is being taken in regard to the isolation of infectious cases.

The stores building was remodelled and a modern refrigerator installed.

The roof of the Main Building was successfully renovated.

One cannot overlook the fact that there is extreme overcrowding on our male service though there is still adequate accommodation for female patients. The overcrowding which exists on the male service must eventually result in an increase of accidents and a reduction in recovery rates. The new construction now in progress of an addition to the Colony Building will overcome our present situation but will not allow of provision for further admissions.

In addition, there is urgently needed a water softening plant, accommodation for male attendants and better store accommodation.

Financial.

The details of the finances are to be found in the bursar's report. It may, however, be pointed out that there was a further decline of 3.53 cents per capita per diem which was accounted for chiefly by the reductions in salary, wage tax and the cost of foodstuffs.

Farm.

The development of our farm work has been spectacular under the management of Mr. Crawford. Plans are under way to build further accommodation for dairy cattle with the prospect and objective that within two years we will have built up a herd to meet the milk demands of the institution at least for the greater portion of

each year. With the completion of the proposed spur track teams will be released from coal hauling to other essential work or dispensed with entirely, allowing more land for the pasturing of cattle. A table is appended to show briefly the financial statement for the fiscal year.

* * * *

I wish to record my grateful appreciation of the manner in which the staff has carried on during the year. Some complaint has been voiced by members of the male attendant staff who are carrying on under financial difficulties. You will recall our joint representations to the Department in this matter and it is hoped that soon the matter will be remedied in so far as married men with families are concerned.

I must add that the consideration given our requests throughout the year by yourself, the Minister and the Deputy Minister has been very generous, and I appreciate greatly the fact that through your combined support and interest we have been able to finally accomplish the solution of many difficulties which previously confronted us.

I have the honour to be,

Sir,

Your obedient servant,

T. A. PINCOCK,
Medical Superintendent.

OFFICERS OF THE HOSPITAL

Non-Resident Officer:

A. T. Mathers, M.D., F.R.C.P.—Provincial Psychiatrist, Winnipeg.

Resident Officers:

T. A. Pincock, M.D.—Medical Superintendent.
R. Goulden, L.R.C.P., L.R.C.S., L.R.F.P.S., L.S.A.—Ass't. Medical Superintendent
D. E. Cameron, M.B., ChB., D.P.M.—Physician in Charge of Reception Service.
S. D. Schultz, B.A., L.R.C.P., M.R.C.S., M.D.—Assistant Physician.
Mary McKenzie, M.D., B.Sc.—Pathologist.
Gerald Creasy, M.D.—Junior Assistant Physician.
George Little, M.D.—Junior Assistant Physician.
Fred J. Brown, D.D.S.—Dentist.
Reta McCulloch, A.R.R.C.—Laboratory Technician.
Janet Anderson, Reg. N.—Superintendent of Nurses.
Douglas Carter—Chief Attendant.
Jessie A. Rice—Occupational Teacher.
Marian Gibbon—Occupational Teacher.
Marion Thomson—Dietitian-Housekeeper.
Lottie Maguire—Records.
Geo. A. Fitton—Bursar.
John Crawford—Farm Superintendent.
A. W. Shaw—Chief Engineer.

MOVEMENT OF PATIENT POPULATION

	Male	Female	Total
Remaining under treatment April 30, 1933	676	523	1,199
First admission for year ending April 30, 1934	94	68	162
Readmissions for year ending April 30, 1934	21	24	45
Total admissions for year ending April 30, 1934	115	92	207
Total under treatment during the year	791	615	1,406
Discharges during the year:			
	M.	F.	T.			
(a) Recovered	16	14	30			
(b) Much improved	12	8	20			
(c) Improved	19	16	35			
(d) Unimproved	5	12	17			
	—	—	—	52	50	102
Deported				6	1	7
Transferred				1	1	2
Not psychotic				0	3	3
Eloped				4	0	4
Died				25	19	44
Total Discharged, Deported, Transferred, Not Psychotic, Eloped and Died				88	74	162
Remaining under treatment April 30, 1934				703	541	1,244

DIAGNOSIS OF FIRST ADMISSIONS

	M.	F.	T.	Percent.
Traumatic psychoses	0	1	1	.62
Senile psychoses	3	7	10	6.17
Psychosis with Cerebral Arteriosclerosis	9	4	13	8.02
General Paralysis of the Insane	3	0	3	1.85
Psychoses with other Brain or Nervous Diseases	1	1	2	1.23
Alcoholic Psychoses	3	0	3	1.86
Psychoses with other Somatic Disease	2	4	6	3.70
Manic-Depressive Psychoses	9	6	15	9.26
Involutional Melancholia	0	1	1	.62
Schizophrenia	34	23	57	35.18
Paranoia and Paranoid Conditions	7	7	14	8.64
Epileptic Psychoses	4	1	5	3.09
Psychoneuroses and Neuroses	1	2	3	1.85
Psychoses with Psychopathic Personality	0	1	1	.62
Psychoses with Mental Deficiency	5	0	5	3.09
Undiagnosed Psychoses	7	2	9	5.56
Without Psychosis	6	8	14	8.64
	94	68	162	100.00

DIAGNOSES OF PATIENTS DISCHARGED

	M.	F.	T.
Traumatic Psychoses	0	1	1
Senile Psychoses	1	1	2
Psychoses with Cerebral Arteriosclerosis	3	0	3
General Paralysis	1	1	2
Psychoses with other Brain or Nervous Diseases	0	1	1
Alcoholic Psychoses	5	0	5
Psychoses with other Somatic Disease	1	1	2
Manic-Depressive Psychoses	12	19	31
Involutional Melancholia	0	1	1
Schizophrenia	15	11	26
Paranoia and Paranoid conditions	2	2	4
Epileptic Psychoses	1	0	1
Psychoneuroses and Neuroses	1	3	4
Psychoses with Psychopathic Personality	0	2	2
Psychoses with Mental Deficiency	2	3	5
Undiagnosed Psychoses	4	0	4
Without Psychosis	4	7	11
	52	53	105

FINANCIAL STATEMENT OF FARM

Expenditure on upkeep of farm	$ 8,590.05
Salaries of staff	6,461.46
Total	15,051.51
Live Stock on hand	10,475.00
Farm and Garden Produce on hand	3,481.86
Total	13,956.86
Produce sold to Hospital	15,032.52
Sales handed to bursar	1,895.61
Total	16,928.13
Work done for hospital:	
1,339 days @ $2.50 per day, patient teamsters	3,347.50

LIVESTOCK

28	only	horses	$2,100.00
1	"	bull	75.00
62	"	cows	3,100.00
20	"	calves	500.00
44	"	heifers	1,760.00
95	"	hogs	1,900.00
			$12,916.86

Annual Report
Selkirk Hospital for Mental Diseases

Dr. A. T. Mathers,
Provincial Psychiatrist,
Winnipeg, Manitoba.

Sir:

I herewith present a condensed report of the Hospital for Mental Diseases, Selkirk, for the fiscal year ending April 30th, 1934.

Essential statistical tables are appended to the report, and further statistical information, abstracted from other tables, is presented in summarized form in the following pages:

The Hospital was opened with 755 patients in residence — 447 men and 308 women (or 473 men and 325 women under treatment; i.e., including probations). At the close of the year there remained on the books of the Hospital 488 men and 330 women, of whom 16 men and 11 women are on probation.

The lowest population was 748 (August 20th, 1933) and the highest 799 (April 12th, 1934). The daily average was 773.68, an increase over last year of 35.01.

ADMISSIONS

Total Admissions were 139 — 86 men and 53 women, this total being 35 less than last year. Of these — 66 men and 35 women — a total of 101, were **First Admissions.**

Re-admissions total 38 — 20 men and 18 women.

Psychoses of Admissions (See appended Table No. 2).

Nativity (all admissions): Canada (72) and United States (2), 53.5%. Great Britain (23), 16.5%. Europe (chiefly Central) (38), 27.2%. Others (4), 2.8%.

Racial Distribution (First Admissions only): Slavonic, 25%; English, 22%; Irish. 12%; Scotch, 11%; French, 8%; Scandinavian, 7%; and others in very small percentages.

Age Distribution (First Admissions): Under 20 years, 12; 20 to 29 years, 17; 30 to 39 years, 18; 40 to 49 years, 17; 50 to 59 years, 16; 60 to 69 years, 12; 70 and over, 9.

Educational Status (First Admissions): Illiterate, 6; Read and Write, 17; Common School, 67; High School, 8; College, 3.

Environment (First Admissions): Rural, 40; Urban, 61.

Economic Status (First Admissions): Dependent, 24; Marginal, 67; Comfortable, 10.

Civil State (First Admissions): Single, 41; Married, 48; Widowed, 9; Separated, 3.

DISCHARGES, DEPORTATIONS, TRANSFERS AND DEATHS

Discharges: 74 patients were discharged during the year, 43 men and 31 women. Of these 27 (19.4%) were "Recovered"; 12 (8.5%) "Much Improved"; 26 (18.7%) "Improved" and 9 (6.4%) "Unimproved." The percentages are based on the total admissions.

Psychoses of Discharges (See appended Table No. 3).

Deportations—8, 6 men and 2 women.

Transfers—1 man.

Deaths—20 men and 15 women died during the year, giving a mortality rate. based on the total number under treatment, of 3.73%, a decrease of 2.34% from last year. Cardiac and Circulatory diseases accounted for 37% of the deaths; a like percentage represents the deaths from Respiratory diseases. Pulmonary Tuberculosis caused only 4 deaths, a very marked decrease from former years. This improvement is doubtless attributed in considerable measure to the tuberculosis surveys of recent years, carried out by the Ninette travelling clinic. Through this means active and incipient cases have been detected, isolated and treated, thus lessening the spread of the infection.

The chief psychoses represented were: Senile 35%; With Cerebral Arteriosclerosis 23%; Manic Depressive 14%; Dementia Praecox and Epileptic each 11%.

GENERAL HEALTH

The general health of the patients has been good as has been also that of the staff.

At the date of this report an outbreak of Typhoid Fever is beginning, due, there is every reason to believe, to the pollution of one of the wells by surface water which unfortunately came in such volume that the sewers were inadequate to carry it off, and it backed up into the pump pit in the Power House.

Immediately upon the appearance of the infection the re-inoculation of all patients and staff was begun.

ACCIDENTS

All accidents meriting special note were fractures due to falls; these numbered 6. Good results were obtained in all cases, with the exception of one woman who remains partially incapacitated, this being a fracture of the hip.

MEDICAL WORK

The general medical work of the Hospital has been maintained at a very satisfactory standard and this despite the congestion on all wards, which tends to lessen the efficiency of the work of the physicians. Laboratory work has lessened somewhat as we are without the services of a technician. All necessary examinations, however, have been carried out by the physicians. The total laboratory analyses numbered 1,250. Autopsies were obtained in 20% of the deaths as against 50% last year. There has been a greater tendency on the part of relatives of patients to refuse consent for autopsies, and this despite every tactful effort used to secure such.

DENTAL SERVICE

The Provincial hospital dentist attended here for approximately 15 weeks during the year. In this time he saw 621 patients and completed a very satisfactory amount of work.

TRAINING SCHOOL FOR NURSES

Since the last report, the course of training has been increased from two years to three.

It has been apparent for some time that the psychiatric service of the Province is unable to absorb into the service all pupils who complete the course of the training schools. The demand for private psychiatric nursing is small. The aim of the School

should now be to limit the classes to such numbers as will meet the actual needs and that only those with adequate educational qualifications and who are physically and temperamentally fitted for this particular branch of nursing be admitted to the School.

OCCUPATIONAL THERAPY AND GENERAL WORK

Occupational classes for both male and female patients have been continued as in the past, the work being under the direction of a trained occupational therapist. The results obtained are consistently good. In the Department approximately 1,250 articles were made during the year.

Throughout the year a very large number of patients have been employed in various departments of the Hospital. I think it may be said without exaggeration that all employable patients have been engaged in useful work within their capacity, and the benefit derived has been inestimable.

RELIGIOUS SERVICES, ENTERTAINMENTS, ETC.

Divine service has been held regularly each Sunday morning throughout the year.

Weekly dances and other entertainments have been provided for the patients. The radio brings much pleasure and entertainment both to patients and staff.

PATIENTS' LIBRARY

About 200 volumes have been added to this library during the year, the majority by purchases, the remainder donated by friends of the Hospital. The library now has approximately 1,060 volumes.

CONSTRUCTION, ALTERATION AND REPAIRS

No major construction was entered upon during the year. The plans are well forward for gradual changes in the location of some of the farm buildings during the coming season. The piggery is to be torn down and rebuilt at the new farm site. Poultry buildings are to be removed to the same area. An addition to our greenhouse is projected. The milk room in the dairy barn is to be put into usable shape. All the above work is to be carried out by our own mechanical staff with the assistance of patients.

A two compartment frigidaire was placed in space adjoining the main kitchen, thus solving in some measure our refrigeration problem in this building.

Ground improvements are becoming more and more apparent. A new Gardener, appointed February 1st, has entered upon his duties with an enthusiasm and endeavor that augurs well for the completion of our plans for beautifying the Hospital surroundings.

ACCOMMODATION

Last year's Report sets forth a maximum number of beds for each Unit, and it was felt that beyond these figures; e.g., 780, it was not possible to go. However, it was soon realized that further congestion was unavoidable, and twenty additional beds were added toward the end of 1933. Shortly after that the average population had overtaken the available beds and recently 20 more were added — 10 in the Reception Hospital and 10 in the Main Building — making a total of 820. It can now be most emphatically stated that no further expansion of bed accommodation in our present buildings can be hoped for, and the number of patients under care cannot exceed 820. This figure represents a percentage of overcrowding of at least 25% of the entire Hospital — in some Units not so high, in others much higher.

FINANCIAL

For the Financial Report see the public accounts.

FARM

Total farm returns were valued at $19,584.73 and of this amount supplies to the value of $12,813.93 were used in the Institution by patients and staff.

The production of "Cereal Crops" showed a material reduction owing to the unfavorable growing season. "Hoed Crops" yielded fairly well. The "Hay Crop" was fairly good but somewhat below requirements. "Garden returns" were gradually reduced owing to poor growing conditions.

Fall work: 17 acres of crop land were broken and 70 acres summerfallowed.

The Dairy Herd, consisting of pure bred and grade Holsteins, was made up as follows: 2 Bulls, 74 Cows, 18 Heifers and 5 Calves. Many of these are very desirable representatives of the breed as to type and production. Milk production has been satisfactory, being a daily average of 29 pounds per cow per day. This yield is not sufficient to meet the Institutional requirements but plans are under way to increase the milk here as rapidly as possible.

Sufficient **Hogs** have been raised to supply fresh pork for the Institution and also market a fair number. The poultry have produced fairly well and it is felt that with proper care this department will at least carry itself.

BUILDINGS

The main dairy barn was re-shingled and the shingles painted.

CONCLUSION—To the officers and staff of the Hospital who have continued to serve the Institution faithfully and loyally during the year, I wish to express my special appreciation.

It is also my pleasure to extend to you, Sir, and to all officials of the Government my sincere thanks for continued helpful advice and support in the administration of the affairs of the Hospital.

E. C. BARNES,
Medical Superintendent.

OFFICERS OF THE HOSPITAL

Non-resident Officer:

A. T. Mathers, M.D.—Provincial Psychiatrist, Winnipeg.

Resident Officers:

E. C. Barnes, M.D.—Medical Superintendent.
E. Johnson, M.D.—Assistant Medical Superintendent.
C. M. McIntyre, M.D.—Assistant Physician.
L. P. Gendreau, M.D.—Assistant Physician.
Fred J. Brown, D.D.S.—Dentist.
Jean Crutchlow—Superintendent of Nurses and Matron.
William H. Gray—Chief Attendant.
Angus D. Ferguson—Bursar.
J. E. Crawford—Farm Manager.
William A. Mann—Chief Engineer.

GENERAL INFORMATION

1. Date of opening as a Hospital for Mental Diseases, May 25, 1886.

2. Type of Institution . . . . Provincial Hospital.

3. Hospital Plant:

Value of Hospital Plant as at April 30, 1934	$2,605,790.43
Total acreage of Hospital property (approximate)	913 acres.
Acreage under cultivation during the year	350 acres.

4. Medical Service:

	Male	Female	Total
Superintendent	1	----	1
Assistant Physician	3	----	3
	4	----	4

5. Employees on Pay Roll as at April 30, 1934 (not including physicians):

	Male	Female	Total
Graduate Nurses	3	13	16
Other Nurses and Attendants	42	34	76
Other employees	28	29	59
	73	76	149

6. Patients employed in Industrial Classes or General Hospital work at date of Report:

Male	Female	Total
266	154	420

7. Patients in Institution:

	Male	Female	Total
At date of Report	472	319	791
On Probation	16	11	27

8. Average daily population for the year 773.68

MOVEMENT OF PATIENT POPULATION

	Male	Female	Total
Remaining under treatment April 30, 1933	473	325	798
First Admissions for year ending April 30, 1934	66	35	101
Readmissions for year ending April 30, 1934	20	18	38
Total admission for year ending April 30, 1934	86	53	139
Total under treatment during the year	559	378	937

Discharges during the year:

	M.	F.	T.			
(a) Recovered	10	17	27			
(b) Much Improved	5	7	12			
(c) Improved	20	6	26			
(d) Unimproved	8	1	9			
	—	—	—	43	31	74

Deported	6	2	8
Transferred	1	---	1
Not Insane	1	---	1
Died	20	15	35
Total Discharged, Deported, Transferred, Not Insane and Died	71	48	119
Remaining underd treatment April 30, 1934	488	330	818
Of which there are on probation at April 30, 1933	16	11	27
Remaining in residence April 30, 1933	472	319	791

PSYCHOSES OF ADMISSIONS

Psychoses	First Admissions M.	F.	T.	% Approx.	Re-admissions M.	F.	T.	% Approx.
Senile	7	3	10	10	1	---	1	2.6
With Cerebral Arteriosclerosis	6	1	7	7	1	---	1	2.6
General Paralysis of the Insane	6	1	7	7	---	---	---	
With other Brain or Nervous Disease	1	---	1	1	1	---	1	2.6
With other Somatic Disease	1	1	2	2	---	---	---	
Manic Depressive	10	8	18	18	5	6	11	29.
Involutional Melancholia	4	5	9	9	---	---	---	
Dementia Praecox	23	12	35	35	8	11	19	50
Paranoia and Paranoid Condition	4	1	5	5	1	---	1	2.6
Epilipsy	1	2	3	3	---	1	1	2.6
Psychoneuroses	1	1	2	2	---	---	---	
With Mental Deficiency	1	---	1	1	---	---	---	
Without Psychosis	---	---	---	---	3	---	3	
Not Insane	1	---	1	---	---	---	---	
	66	35	101	100.00	20	18	38	100.00

PSYCHOSES OF DISCHARGES

Psychoses	Male	Female	Total
Traumatic	1	---	1
Senile	1	1	2
With Cerebral Arteriosclerosis	3	---	3
General Paralysis of the Insane	4	---	4
With Other Somatic Disease	2	---	2
Manic Depressive	11	15	26
Involutional Melancholia	3	3	6
Dementia Praecox	8	10	18
Paranoia and Paranoid Condition	4	1	5
Epileptic	1	---	1
With Psychopathic Personality	---	1	1
With Mental Deficiency	1	---	1
Undiagnosed	1	---	1
Without Psychosis	3	---	3
	43	31	74

Annual Report
Manitoba School for Mental Defectives

Dr. A. T. Mathers,
Provincial Psychiatrist,
Psychopathic Hospital,
Winnipeg, Manitoba.

Sir:—

In presenting a synoptic review of the activities of The Manitoba School for the fiscal year 1933-34 we are deliberately avoiding detail which may be found in abundance in the full annual report previously presented, and are discussing the problem of the care of the feeble-minded from the more important viewpoints. This report is also probably particularly significant as it is the first presented from The Manitoba School as such, previous reports being submitted under the title of the Home for Aged and Infirm. It seems to us, therefore, that a citation merely of putting plaster and paint on walls or the number of articles made in the Craft Room and so on is hardly fitting for this occasion.

During the Legislative Session of 1933 there was passed "An Act to Provide for Mentally Defective Persons" which was proclaimed on the first day of June, 1933. By Order-in-Council the institution which was to carry out the provisions of the above named Act was named "The Manitoba School". Pursuant to the provisions of this Statute all patients certified as feeble-minded and formerly maintained in the Home for Aged and Infirm were committed to The Manitoba School. These events may be cited as historic in Manitoba as they herald the beginning of a new endeavor in social service, namely, the care and training of the feeble-minded in this province under recognized statutes and in a definite institution. There now remains the infinitely greater problem of constructing the foundation for the future. We, the Officials of this new Institution, feel that it is an honor to be in a sense the pioneers of this work in Manitoba and trust that by industry, careful administration and loyalty to our Institution that these early foundations may be well and truly laid.

In retrospect, a word might be said concerning the period from January 1, 1930, to the present time. During that period it may be briefly noted that everything was done looking forward to the time when such steps would be taken as outlined above and the following important things were done, the details of which can be found in previous annual reports:—

1. Aged and incurable females were moved to other institutions in Winnipeg.
2. Aged and incurable men were moved to the main building at the Industrial Training School site in Portage la Prairie.
3. Patient occupation started in all departments of the Institution.
4. Occupational teaching commenced.
5. Reorganization of the staff.
6. Organization of the medical service similar to our sister institutions in Manitoba.
7. Renovation, alterations and repairs as extensive as possible to the buildings.

These things mentioned were the essential accomplishments, but of course there were a host of other details that space cannot be found for in this report. At the time of commencing work under the Mental Deficiency Act we believe all preparations had been made that our personnel and financial resources would allow.

It is now important that we submit ourselves to a searching examination of the facilities for coping with the work at the present time and keeping in mind the immediate future. First of all there is the size of the problem to be dealt with. No accurate survey of the number of feeble-minded in Manitoba has been made, at least a complete one. A partial survey was made several years ago but had to be discontinued because of lack of funds. However, enough is known to indicate that we are no more fortunate than any other state or country in the numbers of feeble-minded in our general population. Generally these are estimated as being 8 in 1,000 of the total population and that 2% of the school age population are so defective as to require special classes. A few minutes' thought and simple arithmetical estimation will reveal approximately what may be anticipated. To ignore this situation is simply putting off the final reckoning, which in the light of our present day knowledge appears rather staggering. Perhaps today it is not untrue to say that the cost of the care of the feeble-minded in all its ramifications such as education, institutions, illegitimacy, court procedure, delinquency, venereal disease, desertion and so on is well over the cost of elementary education. Although we believe the problem to be large, at the same time we would not like to be regarded as scare mongers or intimate that any or all of these supposed evils are endangering the state or could be entirely eliminated by any program that could be presented. Unfortunately no scheme has been found adequate to meet the problem entirely as yet. In other words there is no panacea, but we do believe that we are far behind in our facilities in Manitoba today to even begin coping with the problem, either institutionally or extra-institutionally. There are probably only two endeavors that can be recognized as having any concerted action in Manitoba today, that is the Special Classes in the Winnipeg schools and the establishment of The Manitoba School. That these facilities are inadequate must be apparent to anyone who has spent any study on the question. Special classes now in operation only apply to a very limited number of the population. It is also quite apparent that simple custodial care will not do. Any institution undertaking the care of the feeble-minded should be run on the principles of a real academic and occupational training school and every employee should be a teacher.

We now come to a brief description of our main problems as we find them in the Institution today. The Manitoba School might perhaps be described as the "young-old" offspring of the old Home for Aged and Infirm. It was at the outset an old institution, never intended for the care of the feeble-minded, certainly never planned for it and it was in a state of disrepair that can be only described as terrible, with antiquated equipment and marked overcrowding. During the period from 1930 to 1933, however, I think the officials of the Department and the Institution can say with honest pride that much of the above has been rectified, certainly it would seem all that could be done with the finances available. That so much has been accomplished at a time of marked financial stress seems to us to place definite recognition of the problems in front of us and the needs thereof which is encouraging. There remains at the present time, however, the pressing need for further accommodation and a suitable teaching and training programme. Our overcrowding at the present time is 33 1/3% above normal that is we have 100 more beds in use than we should have and our training programme is very elementary and not large enough to include even the present patient population. Perhaps the appreciation of the difficulties outlined above can only be fully appreciated by living right with the problem. However, we would point out that our lack of sufficient accommodation at the present time gives rise to the following difficulties:

1. Classification of types and ages on different wards is not possible and the mixing of different types is not only a misfortune but lowers the general moral atmosphere. The placing of the high grade delinquent patients with the quiet, industrious types is a disaster.

2. Noise, conflict and destruction result which is disheartening, and to say the least expensive.

3. Discipline is exceedingly difficult to maintain and discipline is a very important factor in the success attained with patients of whom so many were undisciplined and unsocial previous to their admission to the Institution.

4. We have very great need for single room accommodation for difficult and disturbed patients.

5. There is no provision for the isolation and treatment of acute and chronic venereal cases.

6. There is no provision for the isolation of epidemic and infectious diseases, particularly tuberculosis.

Finally, there is no doubt that if we are to obtain any returns for our expenditures, if we are to give an adequate public service and if we are to attempt to control in any way the problem of the feeble-minded we must have academic and occupational training, adequate to meet the needs of the situation and this should be the main principle on which the Institution is conducted.

We would like to intimate what we believe should be the final and necessary programme, keeping in mind that not every feeble-minded person requires institutional care but at the same time that probably the greater majority would benefit themselves as well as the state in an educational and training residential period in a suitable central institution. The necessary programme then is as follows:

1. The inclusion of the feeble-minded in a mental hygiene clinic service for the whole of Manitoba.

2. The building of the Manitoba School as a central institution, run on the principles of education and re-education academically, occupationally and socially.

3. Sterilization.

4. A social service department at the central institution, namely, the Manitoba School.

This may seem an extensive programme, even perhaps a dreamer's vision but we are spending perhaps hundreds of thousands yearly on the feeble-minded now. What results are we getting for this expenditure and would it be any more expensive to readjust our programme? Perhaps the only dividends from such a social service as the care of the feeble-minded that the state can expect is the numbers that can be readjusted and made socially and economically acceptable to the whole community. Our present setup will not do this and therefore we are getting little or no returns for our expenditures. We believe the programme as outlined above would bring returns to the state.

In this brief synoptic we have tried to briefly outline what we believe the situation is with regard to the feeble-minded in Manitoba today. We would not like to be construed as pessimistic. On the other hand there is every reason to believe that our problem is becoming more generally recognized, public education is gradually being accomplished and time simply awaits the inauguration of the necessary scheme to deal with the problem as it will demand.

The statistical tables appended show the important facts of the movement of patient population for the year. This demonstrates quite clearly, particularly with regard to admissions, probations and discharges, that the institution is greatly handi-

capped in its operation. Admissions, because of lack of room, have necessarily been curtailed. Probations lack supervision and the important aid of sterilization and discharges are negligible.

Once again may we repeat that a purely custodial programme will not by any stretch of the imagination fulfil the needs of this very great state obligation — the care of the feeble-minded.

In conclusion may I take this opportunity to sincerely thank you and all the officials of the Department for their courtesies and kindly hearings of my representations on behalf of the Institution I deem it an honour to represent.

The work of the staff I commend to you as by and large under very trying circumstances, perhaps little appreciated by the general public, they have performed their duties truly and well.

I have the honour to be,

Sir,

Your obedient servant,

H. S. ATKINSON,
Medical Superintendent.

CALENDAR OF EVENTS — 1933-34

May	—	Construction of tennis court.
June	—	Boilers in Power House rebricked and raised. Additional hot water tank installed at Main Building. Hot water tank installed at Colony Building.
July	—	Girls' picnic at Island Park. Laundry enlarged, machinery overhauled and additional washer purchased.
August	—	Boys' picnic to Delta. Mrs. Campbell, Matron for 30 years, resigned.
September	—	Miss E. Millar, R.N., appointed Matron. Travelling T.B. Clinic from Ninette at the Institution.
October	—	Few cases of chicken-pox among patients.
November	—	A Mending Room commenced as an occupational and training project for patients.
December	—	Girls' Concert. Boys' Concert.
January	—	Public Demonstration of patients' concert work.
February	—	Lectures commenced to Nursing Staff.
March	—	Repair of verandahs. Renovation of centre section of basement.
April	—	Interior of elevators screened. Approach to fire escapes on roof screened. Two more tennis courts constructed.

Annual work in Laboratory	1,774 procedures
Annual work in Dental Clinic	1,784 procedures
Annual work in Dispensary	213 prescriptions

TABLE I.

MOVEMENT OF PATIENT POPULATION

				Male	Female	Total
Remaining under treatment May 1, 1933				170	221	391
First Admissions for year ending April 30, 1934:						
	M.	F.	T.			
1. From Municipalities	9	9	18			
2. Government Patients	1	----	1			
3. Private Patients	----	----	----			
	—	—	—	10	9	19
Readmissions for year ending April 30, 1934:						
	M.	F.	T.			
1. From Municipalities	1	2	3			
2. Government Patients	----	----	----			
3. Private Patients	----	1	1			
	—	—	—	1	3	4
Total Admissions for year ending April 30, 1934				11	12	23
Total under treatment during the year				181	233	414
Discharges during the year:						
	Male	Female	Total			
(a) Recovered	----	----	----			
(b) Much improved	----	----	----			
(c) Improved	----	----	----			
(d) Unimproved	1	6	7			
	—	—	—	1	6	7
Transfers	----	2	2			
Deaths	2	8	10			
	—	—	—	2	10	12
				—	—	—
Total Discharged, Transferred or Died				3	16	19
Remaining under treatment April 30, 1934				178	217	395

TABLE II.

MENTAL CONDITION OF READMISSIONS

Mental Condition	Male	Female	Total	Percentage
Morons	----	1	1	25%
Imbeciles	1	----	1	25%
Idiots	----	2	2	50%
Total	1	3	4	100%

TABLE III.

DISCHARGES CLASSIFIED AS TO MENTAL CONDITION ON DISCHARGE
(Exclusive of Transfers and Probations)

Mental	Total			Recovered			Much Improved			Improved			Unimproved		
Condition	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Morons	----	3	3	----	----	----	----	----	----	----	----	----	----	3	3
Imbeciles	1	2	3	----	----	----	----	----	----	----	----	----	1	2	3
Idiots	----	1	1	----	----	----	----	----	----	----	----	----	----	1	1
Total	1	6	7	----	----	----	----	----	----	----	----	----	1	6	7

Percentage

Morons	42.86%
Imbeciles	42.86%
Idiots	14.28%

TABLE IV. TABLE OF DEATHS

Reg. No.	Sex	Age	Mental Condition	Cause of Death	Time in Institution Yrs.	Mos.	Days
1492	Male	16	Idiocy with Epilepsy.	(1) Intestinal Obstruction due to a volvulus of the Descending Colon.			
				(2) Congenital Idiocy with Epilepsy	11	5	3
1004	Female	25	Idiocy.	Lobar Pneumonia	17	7	28
2259	Female	34	Idiocy with Epilepsy.	Tubercular Peritonitis	1	11	18
2113	Female	10	Idiocy.	(1) Status Lymphaticus	---	---	---
				(2) Congenital Idiocy	4	4	9
2061	Female	28	Imbecile with Epilepsy.	Pulmonary Tuberculosis	4	10	23
2022	Female	44	Imbecile.	Acute Adrenal Insufficiency	5	4	11
1665	Female	48	Moron.	Carcinoma of the Uterus	10	6	2
1729	Female	13	Idiocy with Epilepsy.	Pulmonary Tuberculosis	9	8	1
2058	Female	27	Imbecile.	Pulmonary Tuberculosis	5	0	23
2302	Male	17	Idiocy.	Pulmonary Tuberculosis	1	10	24

Death Rate based on the total under treatment during the year was 2.42

TABLE V. RACE OF FIRST ADMISSIONS CLASSIFIED AS TO MENTAL CONDITION.

Race	Total			Morons			Imbeciles			Idiots		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
English	---	2	2	---	---	---	---	1	1	---	1	1
Irish	3	---	3	---	---	---	2	---	2	1	---	1
Scotch	1	1	2	1	---	1	---	---	---	---	1	1
Hebrew	4	---	4	---	---	---	1	---	1	3	---	3
Slavonic	1	3	4	---	2	2	1	1	2	---	---	---
Scandinavian	---	1	1	---	---	---	---	---	---	---	1	1
French	1	2	3	---	1	1	1	1	2	---	---	---
Total	10	9	19	1	3	4	5	3	8	4	3	7

STATEMENT SHOWING PER CAPITA COST FOR FISCAL YEAR 1933-34

Operation and Maintenance:

Salaries	$ 6,408.24	
Fuel	13,556.57	
Supplies and Expenses	8,860.27	
Building Repairs	6,349.33	
Inventory Decrease	426.87	
		$ 34,747.54

Administration and Subsistence:

Salaries	$44,762.66	
Supplies	31,881.59	
Clothing	4,867.70	
Expenses	11,567.69	
Inventory Increase	167.72	
		93,257.36
		$128,004.90

Farm:

Less Revenue in Excess of Expenditures	1,196.73
	$126,808.17

Attendance:

Month	Days	Patients
May	31	14,423
June	30	14,035
July	31	14,448
August	31	14,526
September	30	14,022
October	31	14,424
November	30	13,919
December	31	14,322
January	31	14,284
February	28	12,881
March	31	14,218
April	30	13,713
	365	169,215

Average number of patients per day	463.7
Average cost per patient per day	74.9 censt.
Revenue from patients (amount paid to Treasury as per Fiscal Supervisor's Receipts)	$12,632.78
Net Expenditures	$46,877.19
Net cost per patient per day	27.7 cents.

(This statement also includes cost of caring for Patients in Annex—Seniles and Incurables.)

Division of Disease Prevention

INCLUDING:

COMMUNICABLE DISEASES,

VENEREAL DISEASES,

SANITATION

FOOD CONTROL

PUBLIC HEALTH NURSING SERVICE AND HEALTH EDUCATION

Annual Report
Division of Communicable Diseases

To Dr. F. W. Jackson, D.P.H.,
Deputy Minister of Health and Public Welfare,
Legislative Building,
Winnipeg.

Sir:

I respectfully submit a summary of the complete report of the Division of Communicable Diseases for the year ending December 31st, 1934.

Ten communicable diseases listed in the order of their importance as causes of death in Manitoba during 1933, with the number of cases reported during 1933 and 1934, are given below. Complete deaths for 1934 are not yet available. All figures given are exclusive of Treaty Indians, unless specifically stated.

TUBERCULOSIS

	Treaty Indians	175	Cases Reported 1933 —	428
Deaths — 1933	Others	239	1934 —	499
	Total	414		

The mortality per 100,000 of the entire population of Manitoba has changed very little during the past few years, but when the figures relating to the Indian portion of the population are separated from the others, a definite upward trend is evident in the first instance, while a steady decline is present in the others. The mortality per 100,000 among the Treaty Indians is thirty times that in the remainder of the people, and is increasing each year.

WHOOPING COUGH

Deaths — 1933	22	Cases — 1933	2,229
		1934	1,070

This disease was less prevalent in 1934 than in the previous year. Exclusive of influenza and tuberculosis it accounted for more deaths than any of the other communicable diseases. In 1933 one out of every 100 reported cases died, and 90 per cent of the deaths occurred under two years of age.

Whooping Cough Deaths According to Age, 1933.

Age	0-1	1	2	3	4	5	6	7	Total
Deaths	15	5	....	....	....	1	....	1	22

DIPHTHERIA

Deaths — 1933	19	Cases — 1933	405
		1934	475

This is the second successive year that diphtheria cases have increased in Manitoba, while the five years prior to that had shown a steady decline. The increase is accounted for entirely by the Winnipeg cases, as the remainder of the province continues to show a slight drop.

Up to the end of 1933, eighty-eight municipalities had put on a toxoid programme:

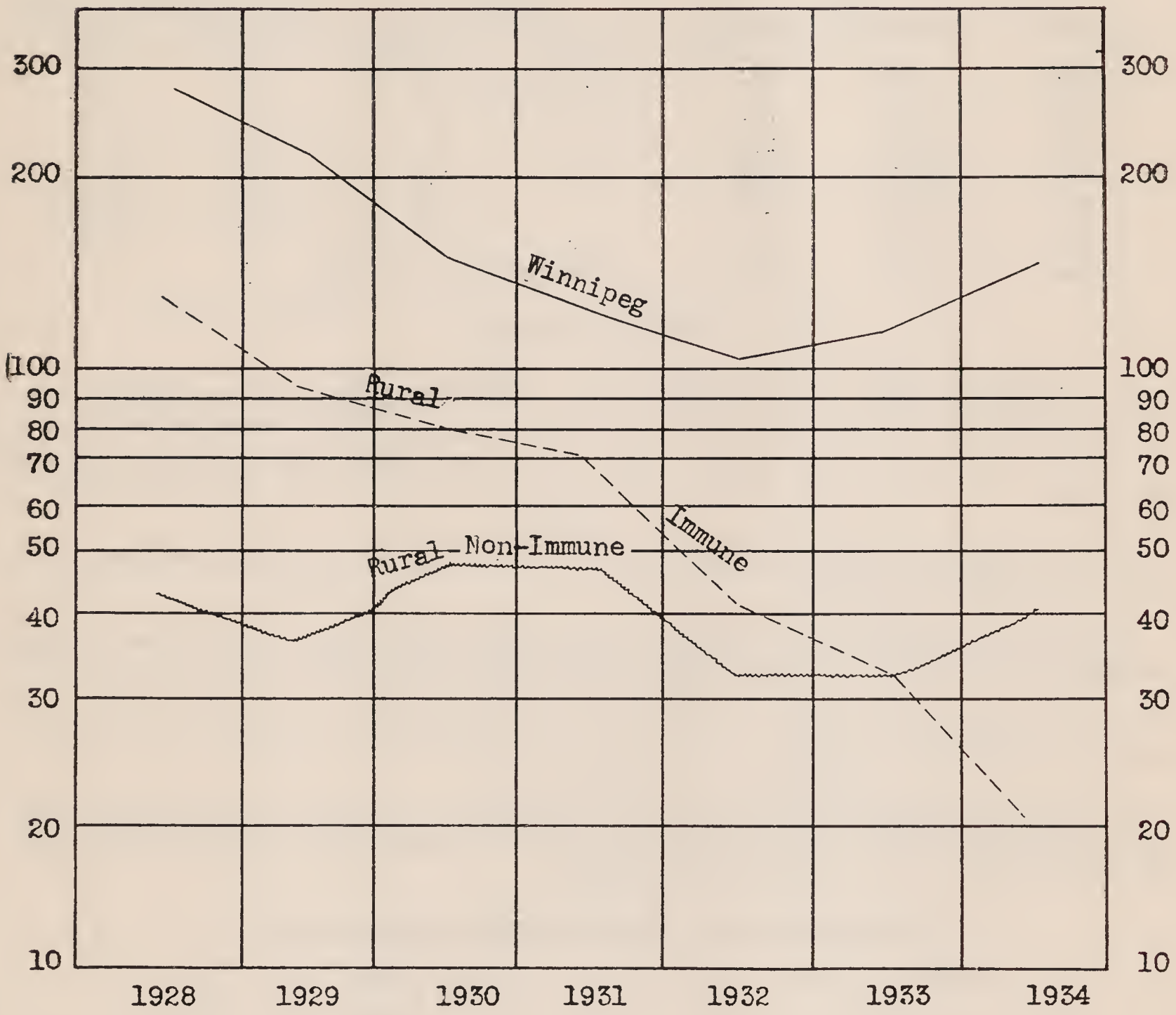
this represents less than half of the population outside of the City of Winnipeg. These municipalities have shown a marked reduction in their diphtheria cases, while the unimmunized portions show about the same number of cases from year to year. (See Chart No. 1.)

CHART No. 1.

DIPHTHERIA PER 100,000 OF POPULATION

WINNIPEG, RURAL IMMUNIZED AND RURAL UNIMMUNIZED

1928 - 1934



During 1934 there were nine municipalities and eighty-six school districts put on toxoid programmes, but progress in this direction during the past year or two has not been as satisfactory as might be expected.

In 1934 the 165 cases occurring outside of Winnipeg showed an age distribution of 78 per cent under fifteen years. In this age group where active immunization is almost entirely confined, the number of cases prevented among immunized children, and there are less than half the number in this group, is estimated at 225 since 1930. This represents 23 deaths which would be expected to occur in that number of cases.

Supplementary immunization is just as necessary as the original toxoid programme.

Diphtheria deaths for 1933 were 19, the lowest on record. The case fatality rate for Winnipeg continues much lower than outside Winnipeg: 1.3 per 100 cases in Winnipeg and 9.5 per 100 cases outside. (See Table No. 1.)

TABLE No. 1.

DIPHTHERIA CASES, DEATHS AND CASE FATALITY RATE

WINNIPEG AND OUTSIDE, 1928-1934.

Year	Cases		Deaths		Case Fatality per 100	
	Winnipeg	Outside	Winnipeg	Outside	Winnipeg	Outside
1928	605	367	22	34	3.6	9.2
1929	464	285	18	41	3.9	14.4
1930	291	298	7	31	2.4	10.4
1931	251	275	13	32	5.2	12.0
1932	218	183	7	19	3.2	10.5
1933	237	168	3	16	1.3	9.5
1934	310	165	Deaths not available			

TYPHOID FEVER

Deaths — 1933 15

Cases — 1933 126
1934 90

There were fewer cases of this disease reported in 1934 than for some years in the past.

The great majority of the cases continue to occur in areas with no sewer or water: 68 of the 90 cases.

This year no cases were traced to any public milk supply, but a great many originated through direct contact with other cases or carriers.

Two paratyphoid carriers were discovered and dealt with according to the Regulations of the Board of Health.

Careful concurrent disinfection during the illness, supervision of the convalescent until the carrier condition disappears and general improvement in rural hygiene are the main factors in the control of this disease.

CEREBROSPINAL MENINGITIS (Meningococcal)

Deaths — 1933 7

Cases — 1933 9
1934 7

These seven cases this year were all of an isolated character. The high mortality rate is in evidence each year.

ANTERIOR POLIOMYELITIS

Deaths — 1933 5

Cases — 1933 8
1934 10

Most of the 1934 cases occurred immediately to the west and southwest of Lake Manitoba.

SCARLET FEVER

Deaths — 1933	4	Cases — 1933	872
		1934	1,169

For seven of the twelve months of 1934 the cases were above the monthly five year average. The character of the disease is unusually mild which contributes to the difficulty of its control.

Active immunization with scarlet fever toxin is used to a limited extent.

MEASLES

Deaths — 1933	3	Cases — 1933	104
		1934	10,688

An epidemic of measles throughout the entire province prevailed during 1934, after almost two years of comparative freedom from the disease.

CHICKEN POX

Deaths — 1933	1	Cases — 1933	2,062
		1934	1,971

Nothing unusual about this disease.

SMALLPOX

Deaths — 1933	0	Cases — 1933	1
		1934	2

This disease is almost entirely absent. Smallpox vaccination, chiefly among school children, is being carried on in all parts of the province. There were 19,568 points of smallpox vaccine distributed in 1934.

CANCER

Deaths — 1933	673	Cases reported 1933	975
		1934	889

The reported cases show an increase of lung cancer, with a predominance of the male sex, also stomach and lip cancer showing a predilection for males.

Respectfully submitted,

C. R. DONOVAN, M.D., D.P.H.,
Acting Epidemiologist.

Annual Report
Division of Venereal Diseases

Honorable R. A. Hoey,
Minister of Health and Public Welfare,
Legislative Building,
City.

Sir:—

I beg to submit herewith statistical data relative to the Division of Venereal Diseases for the calendar year 1934:

GONORRHOEA:

Number of cases reported				1,147
Sex:		Male	917	
		Female	230	
		Total	1,147	
Marital State:				
Married	Male		237	
Single	"		644	
Widowed	"		12	
Divorced or Separated	"		23	
				916
Married	Female		65	
Single	"		135	
Widowed	"		2	
Divorced or Separated	"		6	
				208
Children 0-12 years	Male		1	
	Female		22	
				23
	Total			1,147

Ages:

Male		Female	
12 years and under	1	12 years and under	22
From 12 to 20 years	69	From 12 to 20 years	85
" 20 to 30 years	503	" 20 to 30 years	103
" 30 to 40 years	227	" 30 to 40 years	17
" 40 to 50 years	87	" 40 to 50 years	2
" 50 to 60 years	24	" 50 to 60 years	1
" 60 to 70 years	6		230
	917		

SYPHILIS:

Number of cases reported			475
Sex:	Male	288	
	Female	187	
	Total	475	
Marital State:			
Married	Male	98	
Single	"	162	
Widowed	"	13	
Divorced or Separated	"	8	
			281
Married	Female	94	
Single	"	68	
Widowed	"	7	
Divorced or Separated	"	10	
			179
Children 0-12 years:	Male	7	
	Female	8	
			15
	Total	475	

Ages:

Male		Female	
12 years and under	7	12 years and under	8
From 12 to 20 years	12	From 12 to 20 years	36
" 20 to 30 years	97	" 20 to 30 years	77
" 30 to 40 years	94	" 30 to 40 years	36
" 40 to 50 years	48	" 40 to 50 years	21
" 50 to 60 years	24	" 50 to 60 years	9
" 60 to 70 years	6		187
	288		

Patients who changed physicians numbered 88.

The reason so many patients changed their physicians was that a number were sent from the St Boniface Hospital Clinic to special Relief Camps where treatment was continued under the supervision of the physicians in charge of these camps.

Patients who discontinued treatment and had to be followed up numbered	30
Patients 17 years and under who were reported as suffering from venereal disease numbered	92

Of this number 61 (15 males and 46 females) were reported as suffering from Gonorrhoea, and 31 (11 males and 20 females) from Syphilis. The above number of 92 is 37 less than were reported last year.

GENERAL SUMMARY OF CASES OF VENEREAL DISEASES REPORTED DURING THE YEARS 1925 to 1934. INCLUSIVE

GONORRHOEA:

Adults:	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Male	1,164	1,173	1,207	1,282	1,044	1,184	1,015	760	883	916
Female	189	228	282	311	304	438	313	257	242	208
Children, 0-12 Years:										
Male	4	3	7	3	2	3	2	5	3	1
Female	18	29	34	18	20	25	88	29	24	22
Total	1,375	1,433	1,530	1,614	1,370	1,650	1,418	1,051	1,152	1,147

SYPHILIS:

Adults:	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Male	353	453	439	523	387	357	393	367	228	281
Female	130	184	180	229	190	190	199	202	136	179
Children, 0-12 Years:										
Male	2	6	8	5	6	4	16	14	15	7
Female	7	4	5	8	11	4	15	12	15	8
Total	492	647	632	765	594	555	623	595	394	475

CHANCROID:

	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Male	0	5	1	14	21	30	1	0	2	1
Female	0	0	1	1	3	4	1	0	0	0
Total	0	5	2	15	24	34	2	0	2	1

VENEREAL DISEASE CLINICS, 1934.

Report from the following Clinics:

Detention Home	West Kildonan
Manitoba Home for Girls	West Kildonan
Home of the Good Shepherd	West Kildonan
Portage la Prairie Gaol	Portage la Prairie
Provincial Gaol	Headingly
Manitoba Penitentiary	Stony Mountain
St. Boniface Hospital	St. Boniface

GONORRHOEA:

Number of cases treated 669

Sex:	Male	507
	Female	162
	Total	669

Marital State:				
Married	Male		101	
Single	"		382	
Widowed	"		5	
Divorced or Separated	"		19	
				507
Married	Female		35	
Single	"		103	
Widowed	"		2	
Divorced or Separated	"		7	
				147
Children, 0-12 years:	Male		0	
	Female		15	
				15
	Total			669
Classified as follows:				
Acute				651
Chronic				18
				669

SYPHILIS:

Number of cases treated				340
Sex:	Male		204	
	Female		136	
	Total		340	
Marital:				
Married	Male		71	
Single	"		117	
Widowed	"		7	
Divorced or Separated	"		6	
				201
Married	Female		60	
Single	"		61	
Widowed	"		5	
Divorced or Separated	"		7	
				133
Children, 0-12 years	Male		3	
	Female		3	
				6
	Total			340
Classified as follows:				
Primary				53
Secondary				53
Tertiary				42
Congenital				12
Latent				180
				340

TREATMENTS ADMINISTERED:

For Gonorrhoea	30,306
For Syphilis	10,546
Non-venereal	717
Prophylactic	388
Total	41,957

Doses injected were as follows:

Arsenical	7,965
Bismuthic	6,507
Mercurial	29
Malarial	56
Total	14,557

ST. BONIFACE HOSPITAL CLINIC:

Cases of Gonorrhoea reported from the Clinic operating at St. Boniface Hospital numbered 587, of which 572 were adults (468 males and 104 females) and 15 were children (females). All were classified as Acute cases.

Treatments for Gonorrhoea administered at the St. Boniface Clinic numbered 22,097.

Cases of Syphilis reported from St. Boniface Hospital numbered 269, of which 263 were adults (173 males and 90 females) and 6 were children (3 males and 3 females). These cases were classified as follows:

Primary	42
Secondary	38
Tertiary	0
Congenital	12
Latent	177
Total	269

Treatments for Syphilis administered at the St. Boniface Clinic numbered 8,270. Doses injected were as follows:

Arsenical	7,713
Bismuthic	6,088
Malarial	56
Total	13,857

Respectfully submitted,

F. W. JACKSON,
Chief Medical Officer of Health.

Annual Report
Division of Sanitation

F. W. Jackson, M.D., D.P.H.,
Deputy Minister,
Department of Health and Public Welfare,
Legislative Buildings,
Winnipeg.

Sir:

I have the honour to submit herewith a synopsis of the complete report of the work accomplished by the Division of Sanitation for the year ending December 31st, 1934.

GENERAL INSPECTION AND ABATEMENT OF NUISANCES

The following tables set forth in concise manner part of the work done in Northern Manitoba and in other portions of the Province without sanitary supervision:

	Northern Manitoba	All other portions of the Province	Grand Total
Complaints Received			
Re Nuisances	38	45	83
Re Condition of water supplies	1	11	12
Re Condition of milk	2	----	2
Re Condition of scavanging	15	----	15
TOTAL	56	56	112
General Routine Inspections			
Dwellings	201	288	489
Lodging Houses	70	1	71
Hotels	10	19	29
Cafes	149	1	150
Poolrooms	60	----	60
Laundries	28	----	28
Public Baths, Swimming Pools	3	2	5
Bakeries	27	----	27
Food Stores	90	----	90
Dairies	45	27	72
Horse Stables	47	249	296
Cow Stables	102	250	352
Yards & Areas (Accumulation of manure, etc.)	164	467	631
Lanes	59	36	95
Vacant Lots	30	50	80
Waste Disposal Grounds	6	15	21
Privies	213	493	706
Storage of garbage	72	409	481

	Northern Manitoba	All other portions of the Province	Grand Total
Storage of refuse	124	409	533
Scavenging	8	3	11
Plumbing Systems	26	33	59
Sewage Treatment Plants	7	4	11
Sewerage Systems	....	3	3
Second-Hand Stores	11	....	11
Slaughterhouses	2	....	2
Tanneries	....	1	1
Mining Camps	2	1	3
Creameries (disposal of waste)	....	11	11
Schools	....	21	21
Tourist Camps	....	48	48
Relief Camps	....	4	4
Industrial and Construction camps	....	4	4
Beach Resorts	....	2	2
Proposed Cemetery Sites	....	1	1
Water Supplies:			
Wells	36	362	398
Rivers	1	3	4
Reservoir and other sources	8	14	22
Lakes	5	2	7
Creeks	1	....	1
Chlorinating Appliances	12	2	14
TOTAL	1,619	3,235	4,854

Nuisances Abated

Cesspools	....	5	5
Defective cellars	5	....	5
Dirty or insanitary buildings	1	4	5
Overcrowding	19	....	19
Illegal occupation of cellars	2	....	2
Unsound food	12	....	12
Improper storage of food	12	1	13
Improper storage of milk	2	....	2
Improper handling of milk	4	....	4
Improper storage and removal of manure	109	15	124
Horse Stables dilapidated and insanitary	4	....	4
Dirty Yards	123	5	128
Lanes (Nuisances)	59	6	65
Waste Disposal Grounds	2	1	3
Privies	200	24	224
Garbage and refuse disposal	198	15	213
Lack of scavenging service	19	....	19
Discharge of sewage and other wastes into water courses	1	16	17
Natural light—lack of	12	....	12
Ventilation—lack of	3	....	3
Vacant Lots (Nuisances)	26	2	28

Water Supplies:			
Wells—defective construction	19	9	28
Wells—disinfected, etc.	6	8	14
Rivers—warning re pollution	5	17	22
Lakes—warning re pollution	36	2	38
Chlorination appliances	1	....	1
TOTAL	880	130	1,010

Notices Served

Statutory	33	17	50
Informal (written)	79	93	172
Verbal warnings	705	98	813
TOTAL	817	208	1,035

With the appointment of another certificated Sanitary Inspector to the staff, during May, we have been able to carry out a great deal of additional work and extend our efforts into new fields.

The foregoing tables, while they may give some idea of the large field of activity, do not present a true picture in its entirety, as there is considerable time and effort spent in investigation and inspection, preparation of reports and recommendations, re-inspections, education of the public, and final enforcement of the regulations.

ABATEMENT OF NUISANCES

The total number of complaints received was 112, an increase of 7 compared to 1933. Nothing of an exceptional nature was reported, a number of minor complaints were referred direct to the Medical Health Officers for attention. Abatement was successfully carried out in all other instances, with co-operation of local authorities and persons concerned, and a minimum of friction.

Keeping of Animals—A number of complaints concerned the keeping of animals in close proximity to occupied buildings, and usually under dirty conditions, resulting in offence and nuisance from odor and flies. Assistance was requested in one instance where the keeping of hogs had become a serious nuisance within town limits. There was also incidental pollution of a water course. A local by-law was enacted and enforced, resulting in general improvement. Noise, due to the barking of dogs in close proximity to an institution, became a matter for investigation and has yet to be finally abated. Annoyance caused by barking, and preventing proper rest, and sleep, amongst the inmates particularly, becomes a serious matter.

Only one complaint was received in connection with a fur farm, where burning of refuse in close proximity to summer homes caused annoyance. Fox and other farms of this type appeared to be well conducted, more attention is being paid to the locating and general sanitary conditions.

Pollution of Water Courses—Apart from the common practice of discharging sewage and sewage effluents into rivers and other water courses, a great deal of pollution and nuisance is caused by the promiscuous dumping of manure and all manner of refuse, from occupied premises on the banks, and in close proximity to rivers. It has been necessary to serve several statutory notices during the year, requiring individuals to cease such practice, and in addition to clean up and remove all waste.

Tourist camps, providing bathing facilities, just below these affected areas, require protection, and it is essential that water for bathing be kept reasonably clean.

The condition of the Red River was the cause of numerous complaints, owing to offensive odors. We hope that the sewage from Greater Winnipeg will, in the near future, be given sufficient treatment to prevent further offence.

Disposal of Wastes—From special observation, there appears to be a general improvement in the methods of storing and disposing of domestic waste. In order to impress the importance of proper and sanitary waste disposal, a special bulletin was mailed to all municipalities during Spring clean-up, it being emphasized that a state of cleanliness should be maintained throughout the entire year, and especially during the fly season, when hundreds of cases of sickness are caused by this pest.

Improvements in the location of a number of waste disposal grounds, and final methods of disposal, are needed. Construction of small incinerators for the burning of all combustible waste would be much superior to burial.

WATER

Private Supplies—Numerous requests were received for opinions on the quality of private domestic supplies, mostly wells. We have continued the policy of distributing bulletins on well location, construction and protection. There were 127 samples of water submitted for bacteriological analysis. Poorly constructed shallow wells as usual show varying degrees of pollution. These conditions, as a rule, can be corrected by proper location and construction in each case. From casual observation there is an improvement in the methods of well construction.

In order to warn against the dangers of using definitely polluted surface supplies for drinking and domestic purposes, bulletins were issued and mailed to all municipal authorities, copies were also sent to remote mining camps, and quite a number served personally by the inspectors in the field.

It is of interest to point out that reservoirs or "dug outs," to provide water mostly for stock, if properly fenced and protected against contamination invariably gave a water much superior bacteriologically to ordinary dug wells. This is no doubt due to ideal sedimentation and other natural purifying agencies.

Letters, correspondence and bulletins—private supplies	72
Bulletins, blueprints, etc., served by inspectors	138
	210

Municipal Supplies—Two complaints were received concerning discoloration and sediment in supplies delivered to consumers. These conditions were cleared up by the responsible authorities. Analysis in each case was satisfactory. Filtration and sterilization may be indicated in certain cases with benefit.

Inspection of a town supply was requested by the Medical Health Officer following repeated adverse bacteriological analysis. Certain refects were discovered and satisfactorily corrected in part. Other remedial work is still to be undertaken.

The condition of a river water supply to a small town without filtration or other treatment was brought to the attention of the local authorities with recommendations.

The Town of Selkirk provided additional water supply for fire and domestic purposes by the construction of a new well. The new supply is practically sterile.

Adverse reports in the press, on the water in the reservoir at Flin Flon proved

to be incorrect. This supply is treated continuously and is under regular check by an Inspector of the Department, located in the district.

Cross Connections—Cross connections between a supply for drinking and domestic purposes and any other source of supply, provide an unseen danger and are strictly prohibited. Two such connections were dealt with during the year and corrected, to the satisfaction of the Department.

SEWAGE TREATMENT

No new municipal works were undertaken. On recommendation changes in the methods of pumping sewage at the Town of Dauphin were successfully carried out, resulting in a considerable saving. Sprinkling filters were overhauled and the material renewed. This latter work will prevent to a great extent pollution of the river, which has been the cause for complaint during the past few years.

Treatment of sewage from the Provincial Gaol at Headingly is being attended to by the Engineers of the Department of Public Works. This work will be followed by treatment for the Agricultural College in the near future. These improvements are timely, and the Department will be in a better position in future to demand proper treatment and disposal at other institutions, etc.

PLUMBING AND DRAINAGE

In all locations without a municipal sewerage system, domestic plumbing installation with septic tank or other form of sewage treatment require application and permit from the Department. This branch of the work is gradually increasing.

Applications received and permits granted—14, an increase of 6 over 1933. Total number of inspections was 36, which included re-inspection of defective work and installations made without permit. Twenty-four requests were received for information relative to the design of septic tanks and final disposal of effluent. Inspections were also requested for installations at two hospitals and one hotel. Recommended changes were carried out in two of these cases.

Four installations, in a municipality adjoining Winnipeg, were installed without permit, and in each case the septic tank discharged effluent direct into deep abandoned wells. Notices were served forthwith requiring abatement of this nuisance, and all were complied with. Court action had to be threatened in one case.

SWIMMING POOLS

No new pools were constructed during the year. Advice was sought for the reconstruction and alteration of an open air pool, for the better protection of the water, disinfection, and sanitary accommodation for bathers. Alterations were carried into effect. In order to control swimming pools, new regulations were prepared, and these now form a definite basis for construction and operation in future.

TOURIST CAMPS

Tourist camps, catering to the travelling public from all parts of the Dominion and the United States, form one of the most important activities of the Division during the summer season. In order to protect tourists against possible water and filth borne diseases, water of sanitary quality must be provided, and strict attention given to the proper retention and disposal of all wastes, especially nightsoil. In addition, the following matters are given close inspection and correction, where necessary. Site—suitable location, proper drainage, and free from offence.

Bathing facilities—relatively free from dangerous pollution or condition, the erection of signs at dangerous places, depth of water, providing life saving equipment and first aid kits, satisfactory dressing rooms for the sexes.

Kitchens, Cabins, Huts—satisfactory construction, lighting, ventilation, screening and cleanliness of interiors, including utensils, beds, bedding etc. in huts and cabins.

Waste Disposal—covered receptacles provided throughout the camp grounds for the retention of waste.

Milk, drink and food—the supplying of milk and cream of clean and satisfactory quality, its proper storage and handling, and the general state of cleanliness of all food stores, stalls, restaurants, and other places where food or drink is sold.

The foregoing provides a general idea of what we attempt to do, in providing satisfactory accommodation. Sampling of water for drinking and domestic purposes and also water from bathing places is a regular routine procedure. By carrying out this work we are aware of the existing conditions of many camps, frequented by thousands of people, and know that potential dangers have been reduced to a minimum. Co-operation of camp owners has been very good.

Tourist camps inspected	27	Re-inspections	21
Private summer camps inspected	7	Re-inspections	4

SANITARY SURVEYS

This work was in a way a new departure from ordinary routine, and was confined to certain areas where typhoid fever had during the past been too prevalent.

On request of the Medical Health Officers four rural areas, two towns, one unorganized, and one disorganized area, were surveyed. Improvement of water supplies and better methods of waste disposal are the two principal matters involved. At farms and isolated homes it is likely that little opportunity has been afforded in the past to advise and instruct on matters pertaining to sanitation of the home and surroundings. This educational effort, and personal contact, with the Sanitary Inspector, will, we submit, be of considerable value. It is hoped to extend this work to other areas during 1935.

VERMIN EXTERMINATION

Five permits were granted under the regulations to use Hydrocyanic Acid Gas as a fumigant. Fumigations carried out—160, an increase of 33 over 1933.

Cool weather during the summer rendered fumigations more difficult, according to reports of exterminators.

While the use of Cyanide is effective in extermination of vermin, it would be desirable if facilities were provided for the fumigation of household articles and goods, in transit from infested premises, to buildings known to be vermin free.

Three complaints were received regarding the presence of rats in buildings and attended to. Adequate rat proof contruction to prevent ingress of rats, rat proof storage of edible material and special care in the storage and removal of waste food are essential, if the rat is to be kept in check.

CONSTRUCTION AND INDUSTRIAL CAMPS

Only two industrial camps were inspected. Both required close scrutiny, and notices to improve conditions, which were complied with after further re-inspection.

Six Relief Camps were inspected. These were found to be very satisfactory, an intelligent staff being in charge, with supervision by a Medical Officer.

NORTHERN MANITOBA

Previous reports mention briefly the general improvement of this area and the excellent work done by the district Inspector. In addition to the general routine of

work, which is carried out continuously, it may be pointed out that considerable extra work has been undertaken to improve the milk supply generally. There are 37 dairies, large and small, under supervision. All cows are tuberculin tested with the exception of one herd, where the milk is pasteurized. General improvements in barns and milk houses have been carried out. The preparation, bottling, and storage of milk is now on a high plane, under regular and systematic check, including sampling and milk disc work ,so as to assume consumers of a reasonably clean and wholesome supply. The practical elimination of tuberculous cattle in this isolated area is an important factor when the latent dangers of bovine infection, especially to children, are considered.

SCHOOLS

No regular inspection is attempted. Sixteen rural schools were inspected and a special survey of five schools in a school district undertaken. This latter survey was requested principally for definite information on overcrowding, floor and air space, natural light, and ventilation. Increase in school room accommodation was, incidentally, later provided.

It may be mentioned that with the necessary equipment which has been obtained recently, we are in a position to carry out proper surveys of schools, giving authentic information on natural light, air deliveries in mechanical ventilating systems, and relative humidities. The benefits of improved environmental conditions in classrooms are beginning to be more fully realized in connection with child health.

The development of sickness and nausea in a one-roomed rural school was the subject of inquiry. An improperly connected stove, defective stove pipe, damper and check, were responsible for the ingress of combustion products, containing Carbon Monoxide, into the classroom. Corrections were made forthwith by the persons responsible. This is an instance giving another lesson in the potential dangers of the products of combustion entering occupied rooms. Proper care should be taken to see that all stoves, heaters, piping, etc., are properly installed and fitted.

GENERAL

The year has been a very active one, and a great deal more work has been accomplished. Executive and office work has demanded greater attention. Four hundred and twenty letters of correspondence were sent out, covering all branches of the work, bulletins, drawings and material prepared in addition to field and other duties.

In conclusion I should like to express my appreciation for the manner in which Inspectors M. Flattery and W. W. Arnott have carried out their duties, and to those who have assisted in the work during the year.

Respectfully submitted,

J. FOGGIE,
Chief Sanitary Inspector.

Annual Report
Division of Food Control

F. W. Jackson, M.D., D.P.H.,
Deputy Minister,
Department of Health and Public Welfare,
Legislative Buildings,
Winnipeg.

Sir:

I have the honor to submit herewith a synopsis of my report for the year ending December 31st, 1934.

SANITARY CONTROL OF SLAUGHTERING AND THE HANDLING OF FRESH MEAT AND MEAT PRODUCTS

There has been a marked increase in the number of interim permits issued under the regulations respecting slaughtering, and the number of slaughterhouse licenses is slightly greater than last year.

Number of Interim Permits issued—481.

Butchers, small slaughterhouses	193
Beef Ring slaughterhouses	45
Abattoirs	7
	245

Dead and Injured Animals accumulating at the Union Stock Yards, St. Boniface, were disposed of in proper rendering plants or slaughtered in abattoirs under official meat inspection.

Dead Animals		Crippled and Injured Animals	
Cattle	90	Cattle	180
Calves	327	Calves	63
Hogs	828	Hogs	368
Sheep	376	Sheep	47
	1621		658

PRODUCERS' MARKETS

Producers' Markets, where farmers sell their products direct to the consumer, are still being carried on and licenses have been issued to operate such a market at the following points:

Winnipeg
Brandon
Souris
Portage la Prairie
Neepawa

RESTAURANT AND BAKERY INSPECTION AT SUMMER RESORTS

During the summer months of June, July and August bakeries, restaurants, and all places where public meals or refreshments are served at Winnipeg Beach and Gimli were periodically inspected. In our opinion it is highly desirable that this service should be extended to cover all Summer Resorts in the Province.

SANITARY SUPERVISION OF PUBLIC MILK SUPPLIES

In pursuance of a plan of co-operation between Municipal Medical Health Officers and this Division for the safeguarding of local milk supplies, which has been set out in previous reports, an effort is being made to improve the sanitary quality of milk in the following centres:

Stonewall	Souris
St. Boniface	Brandon
St. Vital	Russell
Carman	Neepawa
Manitou	McCreary
Treherne	Arden
Holland	Gladstone
Portage la Prairie	Winnipeg
Gimli Village	Deloraine

At all of these points the dairy herds are tuberculin tested with the exception of St. Vital, where a movement is now going forward to have the test applied early in the coming year.

PASTEURIZATION PLANTS

We have endeavoured to apply the regulations enacted four years ago to the following pasteurization plants, and a marked improvement in equipment and methods has been brought about.

Modern Dairies Ltd.
St Boniface Creamery Co. Ltd.
Crescent Creamery Co. Ltd., Portage la Prairie.
Portage Creamery Co. Ltd.
Brandon Creamery & Supply Co. Ltd.
Frechette's Dairy.
St. George's Co-Operative Dairies Ltd.
A.R.G. Creamery Ltd.

FLUID MILK SUPPLIES TO PASTEURIZATION PLANTS IN GREATER WINNIPEG

A little more than a year ago we were requested by the Municipal and Public Utility Board to undertake the sanitary supervision of fluid milk supplies coming to pasteurization plants in Greater Winnipeg.

A Veterinary Inspector, who was subsequently transferred to this Department, was appointed by the Board, and inspection of herds, premises and equipment was commenced on November 1st, 1933.

The producers of this supply (numbering about nine hundred and fifty shippers) are distributed over an area approximately one hundred and fifty miles long and ninety miles wide. In view of the fact that no organized system of supervising and controlling this supply had ever been attempted many difficult situations were encountered. The results to date have been most gratifying.

WHAT HAS BEEN ACCOMPLISHED

Since the inception of the work periodical inspections of dairies have been carried on.

Educational

The Inspector has left bulletins containing helpful suggestions for the production of clean and wholesome milk at the home of each producer, and has given personal

advice as to proper methods of handling milk. Numerous shippers have been written to from this office regarding objectionable practices and conditions.

A talk on proper methods of producing and handling fluid milk, illustrated by lantern slides, was delivered at the cattle breeders section of the Dairy Convention, and every effort has been made to aid the shipper in producing a wholesome and satisfactory product.

Conditions Remedied Without Delay.

We have taken the position that certain objectionable conditions and practices, which could be remedied without delay, should not be tolerated.

Ear-marked cows have been excluded from dairy herds.
Producers have been obliged to discontinue the use of galvanized-iron utensils.
Pigs and poultry are no longer housed in cow stables.
Producers have been warned that "bootlegging of milk" will mean the exclusion of their product.
Many producers have made their stables more sanitary.
Probably one hundred and fifty satisfactory milk houses have been erected.
There has been considerable improvement in the general cleanliness of milk delivered to the plants.

Every effort has been made to educate producers regarding the proper cleansing and sterilization of utensils and a noticeable improvement, in this respect, has been brought about.

It soon became apparent however, that there was a conspicuous weakness in the system. While we were attempting to supervise and control the supply, fluid milk, of which we had no knowledge or control, was being regularly delivered to some of the plants. In order to more effectively deal with this situation a system of licensing Milk Producers was established. It is now unlawful for any Milk Pasteurization Company to purchase, or accept delivery of, fluid milk from any person other than a licensed shipper.

FOOD POISONING

An outbreak of food poisoning occurred in the month of June following a picnic held in the vicinity of Wawanesa. Twenty-four of the twenty-seven persons who attended the picnic became violently ill within ten hours of the time the meal was served. There were no deaths. Owing to the fact that eight days had elapsed before the matter came to our attention it was impossible to secure samples of the food for examination.

We were able, however, to obtain quite an accurate history of the foods used and there is every reason to believe that a chicken and ham salad, which had been prepared on Saturday and not eaten until Monday evening, was responsible for the trouble.

The outbreak furnishes additional evidence that foods of this nature, since they afford a very favorable medium for the rapid multiplication of food poisoning organisms, should be eaten when prepared, or if held over, should be kept at low temperature.

Respectfully submitted,

W. A. SHOULTS,
Director, Division of Food Control.

Annual Report
Public Health Nursing Service

Dr. F. W. Jackson, D.P.H.,
Deputy Minister of Health and Public Welfare,
Legislative Building,
City.

Sir:

I have the honor to submit herewith a synopsis of the Annual Report of the Public Health Nursing Division for the year ending December 30, 1934.

RELIEF

The continued necessity of investigation of so many families in need of social or medical relief has kept the Nursing Staff extremely busy during the winter months. In our relief work we again endeavoured to clothe as many children as possible that they might continue to attend school during the winter months.

Work of the Nurses in Rural Districts

Number of families supplied with hampers	523
Individuals supplied with clothing	259
Number of toys distributed	359

250 books procured and 4 rural school libraries inaugurated.

Work done at Nurses' Headquarters

Hampers sent out through Nurses' Division	264
Individuals supplied with clothing	395
Children provided with toys	1,500

HEALTH SUPERVISION IN THE SCHOOLS

July 1, 1933 to June 30, 1934

Total number of children examined	7,283
Total number of children with defects	4,189
Classification of defects:	
Defective vision	523
Defective hearing	69
Unsound teeth	2,705
Suspected diseased or enlarged tonsils	1,816
Nasal obstruction	354
Symptoms of enlarged thyroid	559
Symptoms of eye disease	121
Symptoms of malnutrition	434
Symptoms of ear disease	22
Symptoms of nervous disorders	134
Symptoms of orthopedic defects	31
Suspected skin disease	155
Mentally subnormal	3
Other conditions	240
Number of children not vaccinated	2,225
Number of classroom inspections	1,225

Number of children re-inspected for suspect communicable disease and other conditions	3,356
Number of first aid treatments given	3,710
Number of children weighed	1,392
Number of children found 7% or more underweight	207
Number of children re-weighed	845
Number found to have gained in weight	506
Number of children excluded from school:	
For suspected communicable disease	189
For suspected pediculosis	164
For suspected contagious skin condition	254
For suspected contagious eye condition	13
For other causes	77
Total	697
Number of school children referred for treatment	5,411
Total number of defects of children, known to have been corrected	1,191
Other work in connection with schools:	
Assisted physicians with vaccination of pupils	2,978
Assisted physicians with immunization of pupils to protect them against diphtheria	11,281
Assisted physicians with "Dick Test" for susceptibility to scarlet fever	100
Throats swabbed to detect and prevent the spread of diphtheria	1,372

HEALTH TRAINING IN THE SCHOOLS

Number of classroom talks given	1,120
Number of Home Nursing classes held	123
Attendance at Home Nursing classes	2,144
Number of First Aid classes	175
Attendance at First Aid classes	5,998

NORMAL SCHOOLS

Number of lectures given in Brandon and Dauphin	39
Attendance at lectures	1,223
Number of lectures given in training schools for nurses at The Pas, Neepawa, Dauphin and Brandon	29
Attendance at lectures	195

WORK CARRIED ON IN THE COMMUNITY

January 1, to December 30, 1934

Total number of home visits made for the purpose of giving health instruction and demonstration	22,405
Classification of service rendered in home visiting:	
Total number of cases in prenatal and post-natal care	1,036
Total number of cases in infant welfare	2,011
Total number of birth registration cases	175
Total number of cases in the care of children of preschool age	2,813
Total number of cases in care of school children	6,864
Total number of cases in the care and prevention of communicable diseases	2,447
Social service visits	2,300

Mothers' Allowance visits	139
Miscellaneous visits	3,424
Visits of co-operation	4,608
Total number of patients, other than school children, referred for treatment	996
Total cases suspect communicable disease reported by Public Health Nurses to local Health Officer	1,768
Total number of patients accompanied to and from hospitals and clinics	248
Number of Home Nursing and First Aid lectures given	16
Attendance at Home Nursing and First Aid lectures	287
Number of lectures on other health topics	15

CHILD WELFARE STATIONS

Number of Health Conferences held	288
Attendance of infants and preschool children at conferences	3,854
Attendance of mothers and children for consultations at Child Welfare Stations	1,586
Number of First Aid treatments given at Child Welfare Stations	141

PUBLIC SERVICE NURSING

Grahamdale

Total number of visits made to patients	1,169
Total time spent in Public Service Nursing (hours)	1,294¾

Brandon

Total number of visits made to patients	1,399
Total time spent in Public Service Nursing (hours)	1,780¼

Nursing care was given for the purpose of demonstration and emergency by Public Health Nurses as follows:

Total number of visits made to patients	726
Total time spent in Public Service Nursing (hours)	708¼

SPECIAL CLINICS

MENTAL HYGIENE CLINICS

Number of Mental Hygiene clinics	40
Attendance at Mental Hygiene clinics	295

DENTAL CLINICS

The Manitoba Branch of the Foundation for Preventive Dentistry is rendering a splendid service for which the people are most appreciative. Much has been done during the past years, but there is great need of the extension of such work. The Nurses report the continued keen interest of the people in these dental clinics (particularly in the more isolated parts of the Province). In order to raise the modest fee to pay for the dentists' services, local groups (usually led by the school teachers) organize concerts, dances and box socials. The clinics are well attended by both children and adults.

Number of dental clinics	69
Attendance at dental clinics	1,474

MEDICAL CLINICS

Herb Lake settlement held its first medical clinic in February—the Doctor and Public Health Nurse travelling 81 miles by rail from The Pas, a 6 hour journey of

12 miles over a portage with horses, and completed the journey with a 13 mile drive across the lake by dog team.

Clinics were also organized during the summer months in the unorganized districts of Fisher Branch, Chatfield, Poplarfield and Stead, with a Doctor and Public Health Nurse in attendance. The clinic at Stead is still carried on by the Nurse. Cases found in need of medical attention are referred to the Pine Falls Hospital.

Number referred for tonsils' operation	63
Number referred for dental extraction	198
Number of goitre cases	15
Number referred for hospitalization	51
Number given prescriptions	191
Number of dressings	30
Number of pre-natal cases examined	35
Number of consultations	189
Number of patients examined	648

REPORT OF WORK DONE IN CONNECTION WITH TUBERCULOSIS NURSING

January 1—December 30, 1934

Number of families carried in Nursing file, Dec. 30	3,097
Number of families added to Nursing file 1934	328

Of these 328 families, 58 were notices of deaths from T.B., not previously diagnosed and occurring between January 1 and October 30, 1934.

Number of chest clinics provided with nursing service	30
Number of patients examined at these clinics	3,476
Visits made by Public Health Nurses to T.B. families	3,703
Approximate number of visits to patients in Sanatoria	900
Reports on patients sent to nurses	930

The Supervisor working in connection with Ninette Sanatorium and the Central Tuberculosis Clinic in Winnipeg, in her report of the year's activities as given herewith draws attention to some facts in connection with 143 tuberculosis cases in rural Manitoba outlined below, and points out that with the present limited Nursing Staff it is impossible to give adequate supervision to these known 143 infective cases, many of whom are living under poor home conditions, plus careless personal habits; particularly in the case of 60 of these patients who have not had the benefit of even a short period in a sanatorium.

Known cases pulmonary tuberculosis outside Winnipeg, not in hospital and likely infective	143
of these,	
number who have had some treatment	83
number who have had no treatment	60
Home conditions as follows:	
Classed as good	32
Classed as fair	37
Classed as poor	59
Classed as bad	7
Not known	8
Number of cases where activity of disease doubtful	40
Number of cases where disease is likely active	103
Can be regarded as reasonably careful	51

Definitely considered to be careless			87
Nothing known about			5
Number visited by Public Health Nurses			128
No report of home visit received			15
Age groups.		40—49	36
Under 20	1	50—59	14
20—29	33	Over 60	17
30—39	40	Not known	2

SUPERVISION OF BOARDING HOMES FOR CHILDREN, DAY NURSERIES AND MATERNITY HOMES

January 1st to December 30th, 1934.

The importance of this phase of Public Health is fully realized by the Nursing Staff. Homes are being carefully selected and through health education of the foster mothers, excellent care is being given the children placed with them.

The Private Placement of children of unmarried mothers entails a great deal of time, but this phase of the work is a valuable piece of social service that is being well carried out.

BOARDING HOMES FOR CHILDREN

Number of applications for boarding home permits	597
Number of permits granted	357
Number of applications rejected	187
Number of boarding homes placed on trial	57
Visits of investigation	823
Routine boarding home visits	2,327
Number of private placements	40
Number of visits to Private Hospitals	9
Number of visits to Rest Homes	17
Number of visits to Orphanages	7
Number of visits to Old Folks Home	4
Number of visits to Shelter	13
Number of visits to Day Nursery	2
Number of visits to Hostel	6
Number of visits of co-operation	197
Number of cases referred to Social agencies	108
Service rendered to social agencies	76

HEALTH EDUCATION

In the endeavor to meet the requests for health information, which have increased in ratio to the decrease of information given by health workers in the field, an attempt has been made to develop the routes already found to be the most effective and economical for carrying health facts to the public.

Publications

As in previous years, the supply of printed matter has been made available through the generosity of the Metropolitan Life Insurance Company, in publishing 66,725 copies of departmental pamphlets dealing with communicable diseases and school health teaching aids; and of the Great-West Life Assurance Company in printing 4,800 copies of home nursing and first aid manuals.

The following organizations have also provided publications for distribution:

Department of Agriculture (Dominion Government)	1,114
Canadian Council on Child and Family Welfare	4,116
Canadian National Institute for the Blind	529

Canadian Tuberculosis Association	312
Cancer Relief and Research Institute (Manitoba)	282
Metropolitan Life Insurance Company	3,412
Other agencies in Manitoba	1,535
Total	11,300

PUBLICITY

Radio

The fourth programme of ten minute radio talks was arranged for broadcast on Tuesday and Friday of each week at 4.30 p.m., over Station CKY from October 17, 1933 to May 11, 1934. This programme took the form of seven series in which each allowed for a number of related topics by various speakers, i.e., officers of the Department, Ninette Sanatorium, Manitoba Medical and Dental Associations, the University of Manitoba, Department of Education and the Winnipeg School Board. The subject of each series was as follows:

Health in Everyday Life.
Health of the School Child.
Problems of Health and Public Welfare.
Mental Hygiene.
The Doctor Talks to Parents.
Home Nursing and First Aid.
The Doctor and the Public.

Total number of speakers	20
Total number of presentations	55
Total number of copies of radio talks sent on request	184

EDUCATION.

Schools:

The total number of pupils who completed the two year course of instruction and received their certificates amounted to 557.

It has been interesting to note the value placed upon the certificates presented by the department, as indicated by the requests for additional certificates to replace original copies that had been lost.

Normal Schools:

In the Normal Schools of Winnipeg, Brandon and Dauphin, arrangements were made as usual to carry on the work in health education.

The difficulties which prevented an adequate programme of health education from being carried on have been due to the inability of instructors to give sufficient time to it, and the necessity for giving instruction in the form of a short intensive course.

To meet these difficulties, a revision has been made of the whole course in health education, in which only the minimum essentials have been dealt with, that they might form the basis for an adequate programme later on when circumstances permit.

Notes have also been prepared that students might obtain a clear understanding of the objectives in school health education, their own responsibilities as health teachers, and the need for further study in this field. With the addition of these notes, it is hoped that the health book of references and teaching aids usually prepared by each student may become a valuable aid in future teaching.

SUPERVISION.

The Supervisors have throughout the year carried on, in all municipalities, the following special services:

Inspection and Supervision of Children's Boarding Homes, Maternity Homes, Day Nurseries, Private Hospitals; have organized and assisted at toxoid, vaccination, dental, trachoma, and tuberculosis clinics. Have made follow-up visits to all known and suspected tuberculosis cases, have investigated and secured relief or treatment either locally or through the Provincial Hospitalization or Relief Departments for most of the indigent social and medical cases dealt with. In addition they have the regular supervision of the nurses in the field.

Total number of visits of Inspection and Instruction made by Supervisors to Staff Nurses 29

ADMINISTRATION OF NURSING SERVICE

The Staff, as a whole, have done splendid work throughout the year. The Nurses realize that times are hard and the needs of the people urgent. The carrying out of their duties has meant constant travel throughout the country, often under most arduous weather conditions.

To you Sir, I extend the thanks and sincere appreciation of the Staff for your courtesy and counsel as Medical Director of the Nursing Division.

Respectfully submitted,

ELIZABETH A. RUSSELL,
Director, Public Health Nursing Service.

Annual Report
Provincial Bacteriological Laboratory

F. W. Jackson, M.D., D.P.H.,
Deputy Minister of Health and Public Welfare,
Legislative Buildings,
Winnipeg, Manitoba.

Sir:

Herewith I beg to submit a report of the work carried out during the year from May 1st, 1933, to April 30th, 1934, at the Provincial Bacteriological Laboratory:

		Number
Bacteriological examinations of water and ice for drinking purposes. Number of samples		1,506
Examinations of milk for fat content, total solids, number of bacteria per c.c, etc. Number of samples		432
Examinations of swabs from patients and contacts for the presence of the diphtheria bacillus		3,772
Positive	194	
Negative	3,578	
Wassermann tests on blood and spinal fluid, for syphilis		15,496
Positive	1,250	
Negative	14,246	
Examinations of pus for the gonococci		847
Positive	197	
Negative	650	
Examinations of sputum for tuberculosis		182
Positive	18	
Negative	164	
Widal agglutination tests for typhoid fever		254
Positive	80	
Negative	174	
Agglutination test for paratyphoid A and B fever		33
Positive	6	
Negative	27	
Agglutination tests for Brucella abortis melitensis — Undulant fever		45
Positive	0	
Negative	45	
Examinations of gastric contents		6
Examinations for Vincent's Disease		111
Positive	49	
Negative	62	
Examinations of spinal fluid for Meningitis, etc.		19
Examinations of pleuritic fluid for the tubercle bacillus, pneumococci, etc.		12
Special examinations, transudates and exudates		80
Examinations for ringworm, anthrax, glanders, rabies, tularemia, blastomycosis, etc.		227

Examinations of urine for gonococci, tubercle bacilli, etc.	3,115
Examinations of feces for ambae, etc.	175
Examinations of blood for bacteria, etc.	55
Examinations of tumors	106
Examinations of Hospital "dressings" for sterility	14
Virulence and special animal tests	230

During the year 900 cubic centimeters of convalescent serum for poliomyelitis was prepared in this laboratory. This was distributed, when required, to various points in the province. As in the previous year favorable reports were received on the success following the use of the serum.

Respectfully submitted,

FRED CADHAM,
Director of Laboratory.

Annual Report
Division of Vital Statistics

Dr. F. W. Jackson, D.P.H.,
Deputy Minister of Health and Public Welfare,
Winnipeg.

Sir:

The Sixth Annual Report on Vital Statistics, to be issued under the Department of Health and Public Welfare, is submitted in two parts for the year 1933, together with comparative statistics for earlier years.

The Vital Statistics Division of the Department of Health and Public Welfare has been entrusted with the compilation and tabulation of its own statistics in close co-operation with the Dominion Bureau of Statistics at Ottawa. The Vital Statistics Division directs the collection of all data through the agency of Division Registrars of Births, Marriages and Deaths throughout the Province. Transcripts of all registrations are forwarded monthly to the Federal Bureau and for which the Dominion Government pay a nominal fee per registration.

The Federal Bureau prepares exhaustive tabulations and studies from these transcripts, and together with similar transcripts from the other eight Provinces, their Annual Reports constitute an important presentation of statistical data, and is shown in Part One of this report. Part Two will deal with the system of re-allocation, according to residence, which has been carried out in England since the beginning of 1911, with the Registrar General's office acting as a clearing house. In many of the American States re-allocation is made by State authority.

The League of Nations has adopted the following definition of the word "Stillbirth" for statistical purposes:—

> "A 'dead-birth' or 'stillbirth' is a birth of a foetus, after twenty-eight weeks' pregnancy, measuring at least 35 C.M. from the crown of the head to the sole of the heel in which pulmonary respiration does not occur; such a foetus may die either: (a) before, (b) during, or (c) after birth or complete extrusion of the head, trunk, limbs, severence of placental cord from the body of the mother, but before it has breathed."

This definition may well be embodied in effect, in our legislation. The present Section 31(3) of the Vital Statistics Act provides that "a certificate of Birth and a certificate of Death shall not be required in the case of a child that has not advanced to the fifth month of utero-gestation". The period varies in the different provinces, from five months in Manitoba to seven months in Ontario, Prince Edward Island, and New Brunswick. Uniformity at twenty-eight weeks, in view of the above definition approved by the League of Nations would appear to justify Manitoba in following the lead already given. If we want stillbirth statistics to be of any value, it is expedient that all the provinces fall in line.

POPULATION

The population of Manitoba increased from 25,228 in 1871 to 579,551 in 1915. The war period was apparently responsible for the decrease shown in the years 1916-1919. Since 1920 there has been a gradual increase. The following Table includes Indians.

TABLE I.

POPULATION BY YEARS, 1871-1933.

		1905	328,440	1919	557,739	
x1871	25,228	1906	365,688	1920	594,225	
		1907	388,472	x1921	x610,118	
		1908	394,188	1922	627,000	
x1881	62,260	1909	424,792	1923	627,500	
		1910	437,535	1924	629,000	
		x1911	x461,394	1925	633,000	
x1891	152,506	1912	492,762	x1926	x639,056	
		1913	544,932	1927	647,176	
		1914	573,813	1928	657,316	
x1901	255,211	1915	579,551	1929	669,476	
		x1916	x570,859	1930	683,651	
		1917	549,759	x1931	x700,139	
		1918	557,739	1932	709,000	Est.
				1933	717,000	Est.

BIRTHS, MARRIAGES, DEATHS.

The latest available figures, for comparing the excess of births over deaths for nine Canadian Provinces, are for the years 1929, 1930, 1931, 1932 and 1933.

TABLE II.

	Birth Rate Per 1,000 of Population					Death Rate Per 1,000 of Population				
	1929	1930	1931	1932	1933	1929	1930	1931	1932	1933
Prince Edward Isl.	19.0	19.9	21.4	22.8	21.9	12.8	10.9	10.4	11.8	11.6
Nova Scotia	20.8	22.1	22.5	22.3	21.3	12.9	12.1	11.5	11.8	11.5
New Brunswick	25.3	25.9	26.5	26.2	23.9	12.9	12.3	11.4	11.0	11.7
Quebec	29.4	29.6	29.1	28.3	25.9	13.4	12.7	12.0	11.4	10.7
Ontario	20.5	21.0	20.2	19.2	18.0	11.4	11.0	10.4	10.5	10.0
Manitoba	21.4	21.4	20.5	19.9	18.4	8.7	8.4	7.6	7.5	7.6
Saskatchewan	20.3	24.4	23.1	22.3	21.2	7.6	7.0	6.6	6.5	6.3
Alberta	24.7	24.9	23.4	22.6	21.1	9.1	7.8	7.2	7.3	7.0
British Columbia	15.7	16.1	14.9	14.4	13.4	9.7	9.5	8.8	8.7	8.7
Canada	23.5	23.9	23.2	22.4	20.9	11.3	10.7	10.1	9.9	9.6

The last seven years show marked difference in the excess of male births to every 1,000 female births.

TABLE III.

	1927	1928	1929	1930	1931	1932	1933
M.	1,108	1,008	1,058	1,044	1,025	1,062	1,064
F.	1,000	1,000	1,000	1,000	1,000	1,000	1,000

BIRTHS TO NON-RESIDENT MOTHERS AND IN PUBLIC INSTITUTIONS:

Of the total of 13,304 living births in Manitoba during the year 1933, 140 were born to non-resident mothers, 108 of these mothers being confined in public institutions. The total number of living births in public institutions was 6,040, a decrease of 302 under the year 1932.

BIRTHS CLASSIFIED AS BORN IN WEDLOCK AND TO PARENTS WHO HAVE NOT BEEN LEGALLY MARRIED TO EACH OTHER: The number of children born in wedlock was 12,801 (Males, 6,610, Females 6,191), while 503 were born out of wedlock (Males 262, Females 241). The per cent. of total living births is 3.76.

CITIES, ACCORDING TO RESIDENCE: The number of children born in wedlock in cities of 5,000 population and over, was 5,022 (Males 2,616, Females 2,406); 304 were born out of wedlock (Males 168, Females 136).

TABLE IV.

MANITOBA—CHILDREN BORN OUT OF WEDLOCK, 1921-1933.

Year	Total	M.	F.	Per cent. Live Births	Year	Total	M.	F.	Per cent. Live Births
1921	420	222	198	2.3	1927	473	253	220	3.3
1922	410	210	200	2.3	1928	509	261	248	3.5
1923	381	198	183	2.3	1929	518	272	246	3.6
1924	423	215	208	2.7	1930	556	283	273	3.8
1925	400	211	189	2.7	1931	529	263	266	3.7
1926	466	241	225	3.2 (O.F.R.)	1932	519	287	232	3.7
					1933	503	262	241	3.8

Note:—Figures supplied by the Dominion Bureau of Statistics are marked "(O.F.R.)"

The annual Rates and Tables are given under four important groups: Infant Mortality, Maternal Mortality, Mortality according to certain specific causes and General Mortality, which include all causes and all ages.

In 1933 there were 5,455 deaths as compared with 5,364 in 1932, an increase of 91 deaths. Eighty-two non-residents died in public institutions and elsewhere in the Province. Of this number, 51 persons, who were non-residents, died in our public institutions. The number of deaths which occurred in public institutions in 1933 was 1,947, compared with 2,072 in 1932, a decrease of 125 or 6 per cent.

TABLE V.

DEATHS—BY MONTHS—1931-32-33.

	1931 Total Deaths	1932 Total Deaths	1933 Total Deaths
January	446	455	565
February	434	441	514
March	535	442	469
April	480	491	467
May	432	465	425
June	438	379	423
July	409	390	403
August	436	441	397
September	404	479	443
October	422	496	467
November	452	396	426
December	456	489	456
	5,344	5,364	5,455

TABLE VI.

INFANT MORTALITY—1931-1932-1933.

(Exclusive of Stillbirths)

Equivalent Annual Rate per 1,000 Live Births.

	1931		1932		1933	
	Total Deaths	Rate	Total Deaths	Rate	Total Deaths	Rate
January	77	63.0	76	63.1	93	82.3
February	62	54.2	72	63.9	99	97.0
March	118	96.7	67	55.6	78	69.0
April	101	85.5	83	72.3	64	58.5
May	79	64.7	80	66.4	60	53.0
June	76	64.3	44	37.5	72	65.9
July	59	48.6	53	44.0	51	45.1
August	82	67.1	71	59.0	44	38.9
September	81	68.4	96	84.1	72	65.9
October	72	58.9	89	74.0	75	66.4
November	60	50.8	60	51.5	75	68.6
December	69	56.5	57	47.4	61	54.0
Rate per year	936	65.0	850	60.0	844	63.4

TABLE VII.

DIARRHOEA AND ENTERITIS—1910-1933.

Rate per 100,000 Population.

Year	Rate	Year	Rate
1910	131.9	1922	83.1
1911	101.6	1923	40.4
1912	132.3	1924	24.7
1913	159.0	1925	41.7
1914	129.6	1926	27.5
1915	57.3	1927	24.0
1916	77.3	1928	23.0
1917	54.5	1929	19.5
1918	42.9	1930	32.5
1919	65.3	1931	22.7
1920	69.8	1932	23.7
1921	61.8	1933 (O.F.R.)	13.6

TABLE VIII.

PNEUMONIA MORTALITY—1910-1933.

Rate per 100,000 Population.

Year	Rate	Year	Rate	Year	Rate
1910	88.7	1920	141.0	1930	68.6
1911	97.0	1921	92.3	1931	56.9
1912	98.7	1922	89.5	1932	49.4
1913	77.3	1923	84.0	1933 (O.F.R.)	52.8
1914	53.9	1924	81.8		
1915	95.5	1925	79.5		
1916	120.7	1926	80.4		
1917	115.7	1927	85.5		
1918	114.2	1928	64.8		
1919	102.4	1929	88.4		

MATERNAL MORTALITY.

The figures for 1933, compiled from the "Official Notices of Death", and a questionnaire sent to all physicians recording maternal deaths, are of interest.

The deaths of women from puerperal causes during the year 1933, numbered 54, giving a rate of 4.04 per 1,000 living births. Compared with the previous year, 1932, when the number of deaths was 66, a decrease of 12 deaths or over 18% is indicated.

In view of the rate for maternal mortality having been calculated on living births, it is clear that many deaths from puerperal causes are associated with stillbirths and miscarriages. The total number of living births in 1933 was 13,372. The maternal deaths associated with these totalled 27, giving a rate of 2.02 per 1,000 live births. The total number of stillbirths was 410; the maternal deaths associated with these numbered 11, giving a rate of 26.8 per 1,000 live births.

Living Births ..... 13,372; Maternal Deaths..... 27; Rate 2.02 per 1,000 live births.
Stillbirths, etc. .... 410; Maternal Deaths..... 11; Rate 26.8 per 1,000 stillbirths.

There were 6 Associate cases, not classified puerperal or child-bearing but returned as associated therewith.

Medical Attention: The medical practitioners stated that some medical attention was given in 10 puerperal cases, or only 18.5 per cent. of the total number of cases. Eleven did not consult a physician until after the fifth month. Midwives attended 8 of the other cases.

The remarks of individual physicians as to circumstances surrounding these deaths are illuminating. Many physicians, however, did not state their views, specifically, therefore it is impossible to draw accurate conclusions. Seven questionnaires were not returned. There were 7 cases in which the medical attendants state specifically that, in their opinion, pre-natal care would likely have prevented death.

TABLE IX.

MATERNAL MORTALITY—YEAR 1933.

Int. List No.	No. of Cases	15-19	20-24	25-29	30-39	40 and Over
140 Abortion with septic conditions	3	....	....	3	....	....
(a) Abortion	2	....	....	2	....	....
(b) Self-induced abortion	1	....	....	1	....	....
142 Ectopic gestation	....	....	....	....	....	....
(b) Without mention of septic conditions	2	....	1	1	....	....
143 Other accidents of pregnancy (haemorrhage excluded	2	....	....	....	1	1
144 Haemorrhage	11	....	....	....	....	....
(a) Placenta praevia	2	....	....	1	1	....
(b) Other haemorrhage	9	1	1	3	4	....
145 Septicaemia	15	....	2	3	6	4
146 Albuminuria and eclampsia	8	....	3	2	2	1
147 Other toxaemias of pregnacy	4	....	....	1	1	2

148 Phlegmasia alba dolens, embolism or sudden death	4	----	----	----	----	----
(b) Embolism	4	----	----	1	2	1
149 Other accidents of childbirth	2	----	----	1	1	----
(b) Dystocia	3	1	----	1	1	----
Total	54	2	7	17	19	9

TABLE X.

CANADA—MATERNAL MORTALITY RATES, BY PROVINCES, RATE PER 1,000 LIVING BIRTHS, 1921-1933.

Province	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
MANITOBA	4.4	5.6	4.6	5.6	6.4	5.9	5.1	4.9	6.3	5.0	4.6	4.6	4.0
Saskatchewan	5.7	5.7	5.6	6.7	5.7	7.1	5.4	5.8	6.2	5.1	4.4	4.9	4.6
Alberta	6.7	6.9	5.6	6.2	5.8	5.9	6.4	6.8	7.3	6.5	5.0	3.8	4.5
British Columbia	4.8	6.2	6.3	6.8	5.8	6.5	6.7	5.7	5.6	5.8	6.3	5.3	4.6
Ontario	5.2	5.2	5.3	5.8	5.5	5.6	6.0	5.8	5.4	6.2	5.4	5.1	5.4
New Brunswick	4.1	5.1	4.6	4.6	4.7	6.4	6.2	5.7	7.1	5.5	5.6	5.8	6.1
Nova Scotia	4.3	5.5	7.2	6.6	5.4	4.6	6.8	5.2	4.2	6.7	4.7	4.5	4.4
Prince Edward Island	3.2	3.7	2.5	4.8	8.4	4.6	2.4	6.1	7.8	2.9	6.9	6.4	4.1
Quebec	----	----	----	----	----	5.2	4.9	5.3	5.3	5.5	4.8	5.1	5.0
CANADA	5.1	5.5	5.4	6.0	5.6	5.9	5.6	5.6	5.7	5.8	5.1	5.0	5.0

TABLE XI.

DEATHS FROM TUBERCULOSIS, 1910-1933.

Rate per 100,000 Population.

Year	Rate	Year	Rate	Year	Rate
1910	94.2	1920	81.3	1930	65.3
1911	95.0	1921	68.9	1931	60.7
1912	99.9	1922	60.0	1932	57.8
1913	88.9	1923	64.1	1933 (O.F.R.)	57.4
1914	85.3	1924	61.7		
1915	77.8	1925	60.5		
1916	80.5	1926	60.6		
1917	93.2	1927	57.1		
1918	92.3	1928	60.8		
1919	87.4	1929	63.6		

The anticipated survey of Tuberculosis mortality statistics may indicate that a non-Indian rate of 34 per 100,000 may be approximated. Indians and Half-breeds contribute a large percentage to the number of deaths from Tuberculosis.

TABLE XII.

CANCER MORTALITY, 1910-1933.

Rate per 100,000 Population.

Year	Rate	Year	Rate	Year	Rate
1910	34.5	1920	61.3	1930	85.8
1911	43.2	1921	70.0	1931	83.4
1912	35.7	1922	71.2	1932	92.8
1913	44.4	1923	66.5	1933 (O.F.R.)	98.1
1914	41.5	1924	73.8		
1915	48.0	1925	70.6		
1916	47.3	1926	72.6		
1917	49.9	1927	76.7		
1918	54.9	1928	78.7		
1919	60.5	1929	88.0		

TABLE XIII.

CANCER MORTALITY, 1930-1933.

Rate per 100,000 Population, by Site.

	1930	1931	1932	(O.F.R.) 1933
Buccal Cavity	2.8	3.1	2.8	3.7
Digestive Tract	35.6	34.5)	52.4	49.3
Peritoneum, etc.	9.5	12.8)		
Uterus and Female Gen. Organs	7.5	6.1	6.8	10.2
Breast	5.9	5.9	5.6	7.2
Skin	1.3	1.1	0.7	1.2
Respiratory System	4.7	4.6	4.4	4.8
Genito-Urinary Male Organs	9.9	8.0	7.3	8.6
Bones and Joints	0.9	0.9	0.6	1.1
Other Organs, etc.	3.4	6.3	10.4	6.9
Death Rate for all Forms per 100,000 population	85.8	83.4	92.8	98.1

TABLE XIV.

TYPHOID MORTALITY, 1910-1933.

Rate per 100,000 Population.

Year	Rate	Year	Rate	Year	Rate
1910	39.7	1920	8.2	1930	1.8
1911	25.6	1921	7.1	1931	2.1
1912	27.6	1922	5.3	1932	1.8
1913	16.3	1923	4.8	1933 (O.F.R.)	2.2
1914	11.5	1924	4.5		
1915	7.9	1925	4.6		
1916	7.5	1926	4.2		
1917	5.6	1927	4.2		
1918	7.2	1928	3.2		
1919	8.3	1929	4.0		

TABLE XV.

CAUSES OF DEATH PRODUCING GREATEST MORTALITY—1933.

Rate per 100,000 Population.

	No. of Deaths	(O.F.R.) Rate
Heart Diseases	777	107.6
Cancer	708	98.1
(Congenital) Malformations and Early Infancy	416	57.6
Tuberculosis	414	57.4
Pneumonia B.P.	381	52.8
Stillbirths	364	50.2
Influenza	265	36.7
Premature Birth; Injury at Birth	258	35.8
Diarrhoea and Enteritis	98	13.6

TABLE XVI. CERTAIN DEATH RATES PER 100,000 POPULATION, MANITOBA, 1921-1933.

Certain Causes of Death	1921 Rate	1922 Rate	1923 Rate	1924 Rate	1925 Rate	1926 Rate	1927 Rate	1928 Rate	1929 Rate	1930 Rate	1931 Rate	1932 Rate (O.F.R.)	1933 Rate
Typhoid	7.0	5.1	4.8	3.5	3.6	4.2	3.9	3.2	4.0	1.8	2.1	1.8	2.2
Measles	1.5	7.3	5.7	4.6	4.4	8.7	3.1	1.4	4.9	1.6	1.0	.6	.4
Scarlet Fever	9.5	6.1	4.2	2.9	3.3	5.2	2.5	2.0	3.3	1.5	1.1	1.4	.6
Whooping Cough	6.1	6.9	8.4	7.3	8.7	7.8	3.9	4.1	6.6	8.4	1.0	1.8	4.8
Diphtheria	24.1	23.9	19.4	15.6	15.8	14.4	13.6	8.5	8.8	5.6	6.5	3.7	2.9
Influenza	9.3	29.2	29.0	18.0	36.8	26.3	41.0	22.6	33.3	12.7	16.9	10.0	36.7
Tuberculosis (Lungs)	50.0	49.0	51.0	48.5	50.6	48.5	46.8	46.2	51.4	52.4	50.1	47.1	47.4
Tuberculosis	18.9	11.0	14.3	13.2	10.0	12.0	10.2	14.6	12.1	13.0	10.6	10.7	10.0
Cancer	70.0	75.7	66.7	73.8	70.6	72.7	76.7	78.7	88.0	85.8	83.4	92.8	98.1
Alcoholism	.....	.....	.....	.....	.....	.....	.....	.....	2.1	.6	1.4	.9	.6
Meningitis	9.2	3.8	3.5	4.1	3.2	5.2	3.9	4.8	3.4	4.0	2.9	3.7	2.1
Cerebral Haemorrhage	29.0	30.0	20.9	22.4	23.9	26.5	23.4	25.0	44.7	41.7	34.5	23.8	19.4
Diseases of Circulatory System	94.5	99.2	110.2	110.6	107.8	112.4	128.3	140.6	129.6	142.6	138.2	168.5	164.1
Bronchitis, Acute and Chronic	11.6	11.6	11.6	6.5	6.2	6.1	4.3	6.1	6.4	5.0	4.7	4.1	4.4
Pneumonia	92.3	89.5	84.0	81.8	79.5	80.3	74.0	64.8	88.4	68.6	57.0	49.4	52.8
Appendicitis	11.8	14.2	11.8	14.1	14.7	12.7	13.9	12.2	11.4	11.2	11.1	9.2	11.9
Hernia and Intestinal Obstruction	8.4	7.5	8.6	9.4	11.1	8.5	9.1	10.0	11.7	13.1	10.1	7.1	9.6
Cirrhosis of Liver (not alcoholic)	.....	.....	.....	.....	.....	.....	.....	.....	1.9	1.9	1.9	1.7	2.4
Cirrhosis of Liver (alcoholic)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.3	.1
Nephritis, Acute and Chronic	19.0	28.6	24.7	28.6	29.8	28.8	25.0	30.9	28.3	24.1	23.9	24.7	30.7
Puerperal Deaths	13.3	15.8	12.1	13.7	15.0	13.6	11.1	10.6	13.5	10.8	9.6	9.3	7.5
External Causes	85.2	53.9	55.2	48.0	57.0	52.3	52.0	60.5	69.8	65.8	53.1	54.7	51.0

ADMINISTRATION

The total revenue received by the Vital Statistics Division was $22,080.67 for the fiscal year ending April 30, 1934, an increase of $1,296.02. Of this increase the sale of Marriage Licenses accounts for $827.00 and $469.02 for Certificates, Searches, etc.

Total registration of births, including stillbirths, marriages and deaths, received, checked, classified and placed on permanent record for 1933	24,895
Alphabetical card indexes completed and filed for 1933	29,714
Number of operations entailing: Issue of Certificates, accepting Late Registrations, making Searches and Changes, etc., for year ending April 30, 1934	11,947
Marriage Licenses and Dispensations issued for year ending April 30, 1934	3,702

Respectfully submitted,

A. P. PAGET,
Recorder.